MAKTLAND STATE DEPAKIMENT OF HEALTH

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| 1 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
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| FOR STATE | | 03925 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 03918 |
| HEALTH DEPT. | 1, [| ACCURATE NAME FOR A STATE OF THE STATE OF TH | Doy Year 9 2b. HOUR |
| delay is and 3 to M3. Page | 3. 9 | SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD | 2 Year 69 2d. HOUR |
| 2, 2, Po | 7o. | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NITY) HERE CO., WIDOWED DIVORCED Harford Co., | 17 |
| offer death 8. Give Pages 1, along with form with the State D. | 10. | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane | 12b. KIND OF BUSINESS OR INDUSTRY |
| s offer 18. Giv e alang 2 with the | 130 | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Har Sond Be/AT 1- YES NO DE VOITE ROOP | //// |
| hin 24 haurs ofter death noil in Item 18. Give Pages niner's Office alang with for pages land 2 with the State haurs after death | 14. | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | ROST |
| within 24 hours of pencil in Item 18. caminer's Office al le pages 1 and 2 wi 72 hours after dea | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT TALL - 638-5197 ADDRESS - 38-5197 ADDRESS - 38-5197 ADDRESS - 38-5197 | NAMILAND ZIOIY |
| INER: This certificate should be executed within 24 hours ofter death e certificate, writing the ward "pending" in pencil in Item 18. Give—Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages I and 2 with the State De nation, or removal, and in any event within 72 hours after death | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GS W Ce)- & b)- u M | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| be exemined whief Me | | Canditions, if any, which gave rise to immediate cause (a), (b) | |
| shauld be e te ward "per a the Chief <i>I</i> burial-transit | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| ertificate should writing the word rwarded to the Ct sed as a burial-tro iaval, and in any | N | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| This certificate shauld cate, writing the ward be farwarded to the Ct I be used as a burial-tremaval, and in any | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? YES NO |
| AL EXAMINER: This certi execute the certificate, writar. Page 4 should be farwa if for your files. TOR: Page 3 should be used urial, cremation, or removo | MEDICAL CE | 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DOLLAR SOLUTION CAUSE OF DEATH 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DOLLAR SOLUTION CONTRIBUTING DOLLAR SOLUTION CONTRIBUTING DOLLAR SOLUTION CONTRIBUTION CONTRIBUTION DOLLAR SOLUTION CONTRIBUTION CON | m 18.) |
| | ME | 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 12 Rec (15 10) 1 Rec | State Sound Media |
| Se executed for need for ECTOR: 13 burial, | | 22a. I certify that I taak charge af the remoins described obove, held an Autopsy, Inspection, Inquiry | ond in my opinian |
| please directa directa DIRECTO | | death resulted fram: Notural couses [], Accident [], Suicide [], Homicide [], Undetermined manner [] CHIEF MEDICAL EXAMINER [] | A Md- |
| y, ple eral dil se reto RAL DI | | SIGNATURE COLOR COLOR M.D. ASSISTANT MEDICAL EXAMINER 22b. DATES | IGNED 9 |
| TO DEPUTY COICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health, prior to burial, crem | | EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) | 12-61 |
| 10 T | 1 | | (Caunty) (State) |
| | 24. | DULTIAN MARCH 15, 1967 CENTRE MEH. Ch. CEM. FOREST HAIL HARFORD CENTRAL DIRECTOR FUNERAL DIRECTOR WEST Broadway & WILLIAMS STREET 250. RECDET REGISTRAR 250. REGISTRAR'S STREET 250. RECDET REGISTRAR'S STREET REGISTRANCE REGISTRAN | IGNATURE |
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| . 2 . | 1. DECEASED-NAME Fire | | Last | | OC DEATH | | In |
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| 9 2 5 | | | Bickham | | 3 21 | 1969 | 1:05 M |
| 事工 | 3. SEX | 4. RACE | S. DATE OF BIRTH | | 6. AGE (In years | MONTHS DAYS | HOURS MIN |
| S = 8 S | Female | American | PHABHAI | 4 8-15-94 | dast birthday) YRS. | months DATS | MIM. |
| hour in by irs. 2 hou | 7o. BIRTHPLACE (State or fareign country) | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED MEVER MARRIE | 9. COUNTY | | | |
| 4 H J in Joers 72 I | Penna. | USA | WIDOWED DIVORCE | | Harfor | d | Md |
| icate be executed within 24 haurs after death sicion and completely filled in by the funeral please remove carbon papers. Pages 1 and 2, and in any event, within 72 hours, after death | 10. CITY OR TOWN OF DEATH | give street address) | | 12a. USUAL OCCUPATI | ON (Kind of wark done ing life, even if retired.) | 12b. KIND OF B | USINESS OR |
| ¥ 55 370 | Havre de Grace | Brevin Nursi ased lived, if institution: Residence before | ng Home | Homem: | ing life, even if retired.) aker | | |
| cuted amplet ve car event | admissian) STATE | 125 COUNTY | 13c. CITY OR TOWN | | STREET AND NUMBER | | |
| ecul ove | Ma | Harford | Havre de Gr. | | 351 Wilson S | t | |
| and co | 14. FATHER'S NAME First | Middle Last | IS. MOTHER'S MAID | EN NAME First | Middle | | Last |
| /a - 2 0 = / | Georg | e Jenki | | Parents) | Margaret | Jenkie | |
| reate by sicion please | 16a. WAS DECEASED EVER IN U.S. AI | MED FORCES? \$466 SOCIAL SECURITY | NO D 17. INFORMANT Ste | ep-Daughter | r Address | | |
| phys en p aval, | Yes, no, or unknown) (Il yes give | war or dates af service) ±01-22-32 | 998 Anna Mae I | | 18 St. John S | t. Haure | de Gr |
| The law requires that the death certificate attending physician. It is a seen signed by the attending physician use as the burial-transit permit. Then pleas the purial crematian, ar remaval, and | | only one cause per tifle for (a), (b), and (c) | | | , so to other | APPROXIMA | ATE INTERVAL |
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| th by trait cre | stating the underlying cause | | | | U | | |
| quires that the physician. signed by the burial-transit burial, cremati | last. | (c) | | | | | |
| equires physici signed burial- burial, | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DI | ISEASE OR CONDITION G | IVEN IN PART 1(0) | 1 1 | |
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| e law Itendir as bee as th prior | 19a. DATE OF OPERATION 198 | D. CONDITION FOR WHICH OPERATION WAS PE | RFORMED 20a. AUTOPSY | | . IF YES, WERE FINDINGS CO | ONSIDERED IN CER | TIFYING |
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| he haspital ar attending this certificate has been letached for use as the Dept. of Health prior to | | | | | njury in Part 1 ar Part 2, I | tem 18.) | |
| Figure 1 | OR CONTRIBUTING CAUSE OF OE | | | (| ingony in room to room a, t | 10.7 | |
| ATENDING PHYSICIAN: etained by the haspital or CTOR: After this certificate should be detached for utily the State Dept. of Heal | (If either, natify medical exam | niner) P.M. 19 e. PLACE OF INJURY (AT HOME, FARM, STREET, FAI | TORY.) 21f. LOCATION Street a | P.F.D. No. | it. as Taux | Count | CALA |
| PH e hi nis taci | While Nat while | OFFICE BUILDING, ETC. | ZII. LOCATION STREET O | r K.r.D. NO. (| City or Town | Caunty | Stote |
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| IDING 1 by t Affer 1 be c State | 22a. I certify that (1) (t | his haspital) attended the decease | ed trom | | 196 | that | (I) (we) last |
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| should the | 226 AIGNATURE | y (ne) (dia) (gla flat) view file | odd) difer dediff. | | 22- 1 | DATE SIGNED | |
| OR rebe re 3 ed w sed w | Panley, | Manuelul Mit | DEGREE PHYS | MED. DIRECTOR | □ STAFF □ ≥22. E | MIE SIGNED | 1- |
| y by by biller | 22.d. PHYSICIAN'S | 100,000 | DEGREE PHYS. 22e. ADDRES | | PHYS. LJ | -21- | GC1 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre | NAME (Type) DA)- | TE U. MANNAY | 11 MD 2/1 | U. Union | Are Ktone | 7 1/6 | Lu 1. |
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| Page of Funding | | | CEMETERY OR CREMATORY | | TION (City or Town) | (County) | (State) |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03927 03920 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle 2a. DATE OF DEATH deoth. 2b. HOUR (Type ar print) Manth believecuted within 24 hours after 6. AGE (In years 7/17/1915 7a. BIRTHPLACE (State or foreign physicion and campletely filled in by 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) PA U, S, A WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR giverstreet address)
HARFORD INDUSTRY HOME during most of working life, even if retired.) 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 136. COUNTY CECIL ond in any 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Last Middle DAVID HELEN BOND TALOR OR ATTENDING PHYSICIAN: The law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) 217-50-2736 or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been for use os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO N 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased, fram 2-14, 1969, to 3-18, 1969, that (I) (we) last saw the deceased alive an 3-17, 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) MOUNT CALYERY ABEROEEN HARFORD MD. 24. FUNERAL DIRECTOR Ralph m Reed 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE RISING SUN, MD. RALPHM, REED.

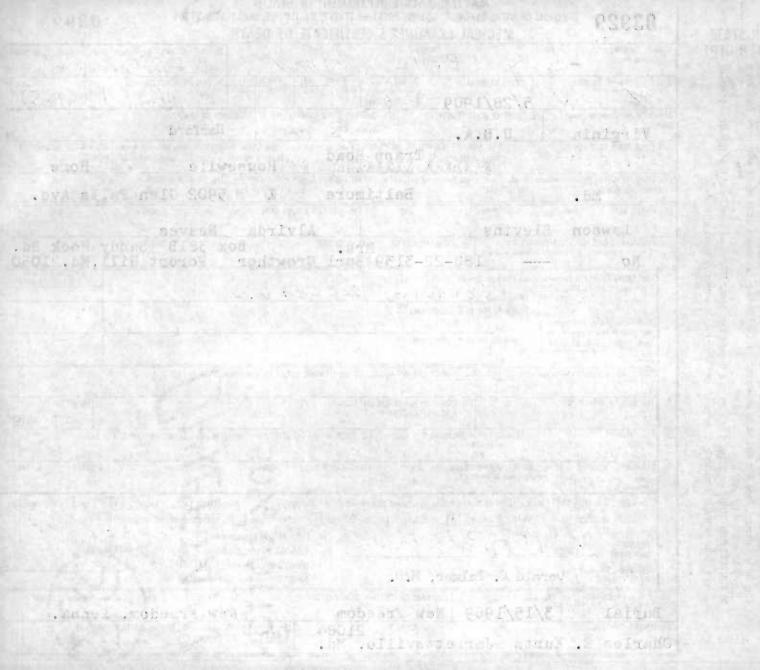
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| fur fer ter | 3. SE | | | 4. RACE | | | S. DATE OF BIR | TH | | 6. AGE (In years | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. |
| the the | | Male | | Caucas | sian | | Octob | er 10, | 1916 | lost birthday) 52 YRS. | MONINS DATE | MIM MIM |
| ano on | 7a. l | BIRTHPLACE (Stote or | | 7b. CITIZEN OF WHA | T COUNTRY? | 8. MARRIED | NEVER MARR | SED 9 | . COUNTY OF | DEATH | | |
| d in Sers | COU | Maryla: | nd | U.S. | | WIDOWED [| DIVORO | CED 🔲 | Harf | | | Md. |
| within 2 son popularithin within | | Churchvi. | lle | give str | ne of Hospital or II | e #1 | | 12a. USUAL during mos Apr | st of working | (Kind of work done life, even if retired.) mechanic | 12b. KIND OF B INDUSTRY Gas | USINESS OR Company |
| omplete omplete vve cart | 13a. odm | USUAL RESIDENCE (Vission) STATE Ma: | where decease ryland | d lived, it institutio | n: Residence before Iarford | 13c. CITY OR Church | | 3d. INSIDE CITY LIM YES NO | 13e. STF | toute #1, | Box 538 | |
| ouy ony | 14. | | First | Middle | Last | 15 | MOTHER'S MAI | DEN NAME Fir | rst | Middle | | Last |
| in a grand | | Wil | lliam : | M. Brir | ney (D |) | | Lenor | ra | Hanna | (D) | |
| ate icior eos ono | 160. | WAS DECEASED EVER | | and the state of t | 16b. SOCIAL SECURITY | | NFORMANT | | | Address | | |
| hys n p val, | | es, no. prunknawn) NO | (1) Anz Glon MC | ir or odies or service) | 217-03-4 | 568 | Wife, | Churc | hville | Marylar | nd | |
| Page 4 may be retained by the hospital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death | | 18. CAUSE OF DEA PART I. DEATH | WAS CAUSED | BY: TE CAUSE (a) | Carc | mon | 19, | rech | un E | | BETWEEN ON | ATE INTERVAL SET AND DEATH LOS |
| the or th | | Canditians, if any, | which gave | DUE TO, OK AS | A CONSEQUENCE O | like | Me | lasto | neis | | | |
| onsil | | rise to immediate | couse (a), | (b) | A CONSEQUENCE O | 1 | - | | | | | |
| d b | | stating the underl | Ying couse | (c) | A CONSEQUENCE O | | | | | | | |
| equire phys signe buria buria | | PART 2. OTHER SIG | NIFICANT CON | | NG TO DEATH BUT | NOT RELATED TO | THE TERMINAL | DISEASE OR CO | INDITION GIVEN | I IN PART 1(a) | | |
| w rading een the rto | No | | Table 1 | | | Pacanus Pa | Las | | Loot 45 | VEC. WEDE EINDINGS | ONGINEDED IN CE | OTICVINO. |
| the lo | CERTIFICATION | 190. DATE OF OPERAT | 10N 19b. 0 | ONDITION FOR WHIC | H OPERATION WAS F | ERFORMED | 20a. AUTOP | NO X | | YES, WERE FINDINGS (OF DEATH? | ONSIDERED IN CEI | CHEYING |
| The straight of all the st | ERTI | 21o. ACCIDENT WAS | S LINDED VING | 21b. TIME OF | INITIDY | 21c HC | | | noture of injur | y in Part 1 or Part 2, | Item 181 | |
| ICIAN pitol or rrificot ed for of He | MEDICAL (| OR CONTRIBUTING [| CAUSE OF DEATH | er) HOUR A.M. | Month Doy Yeo | 19 | | | | | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt | W | 21d. INJURY OCCUR While Not while at work of wark | e 🗆 📗 | PLACE OF INJURY (| | | | | | ar Town | Caunty | State |
| by the fifter be constituted | | 22a. I certify t | hat (1) (thi | s haspital) atter | ded the decea | sed from | any | , 19 6 | 8 , to | Mac , 19 accurred on the de | 69, that | (I) (we) last |
| END Sed A | | saw the d | eceased al | ive an, , (I) (we) (did) (d | did pot) view the | body after o | that in (my | /) (aur) apır | nan death c | iccurred an the di | ate and haur o | ind fram the |
| TA in it is | | 22b SIGNATURE | i d | 7 (1) (We) (did) (1) | die Horj View IIIe | budy difer o | redin. | | | 22c. | DATE SIGNED | |
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| AL O | 1 | 22d. PHYSICIAN'S | 1 | | | | 22e. ADDR | | | 777.0 | | - |
| PIT. mo | / | NAME (Type) | J. Ra | alph Hork | y, M.D. | | | Churc | hville | , Mary | land 210 | 28 |
| HOS UNI ecto | 230 | BURIAL, CREMATION | , 23b. D | ATE | 23c. NAME O | CEMETERY OR | CREMATORY | | | N (City or Town) | (County) | (State) |
| dir dir | | BUT 12 (Specify) | | March 196 | 9 Bel | | orial C | ardens | Bel | Air (Han | ford Co | .) Md. |
| | 24. | FUNERAL DIRECTOR | | rethB.6 | ADDDE | S | | 2So. RECORY | REGISTRAR | 69 25b. REDISTRAR'S | SIGNATURE | at. |
| VR A15 | | Tarring F | unera | Home. A | berdeen. | Md. 27 | 007 | DATE | D 10 | | 00 | 7 |

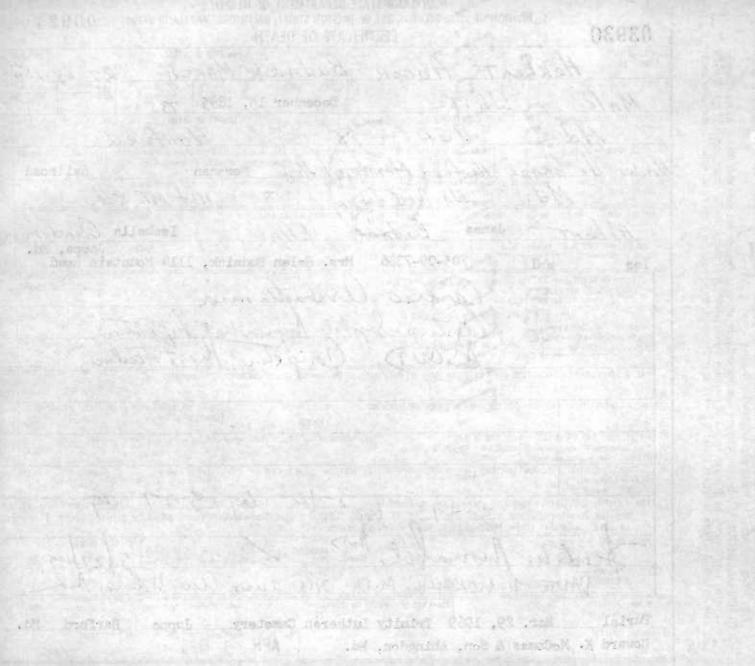
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03929 03923 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR (Type or Print) e1/e ESTI-LLC DEATH MATED 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 1969 5/28/1909 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Harford WIDOWED X DIVORCED [7] rginia U.S.A 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Trapp Road 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR WIN INDUSTRY Home during most of working life, even if retired.)
Housewife alang death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATEMd 136. COUNTY Baltimore 5902 Glen Falls Ave. pencil in Item 18. YES NO I and 2 within 24 hours 4 shauld be forwarded to the Chief Medical Examiner's Office after, 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Lawson Blevins Alvirda Neaves pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Box 381BDDRESSandy Hook Rd. 16b. SOCIAL SECURITY NO. MIZ INFORMANT (Yes, no, or unknown) 80-22-3139 Earl Crowther Forest Hill.Md.21050 File ⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Occhusi IMMEDIATE CAUSE (a) LOTON ? 1pending DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove rise to immediate cause (a). any writing the ward certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 ar remaval, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This please execute the certificate, NO NO YES 🗍 pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE 22a. I certify that I took charge af the remains described above, held an Autopsy Inspection & Inquiry J and in my opinion death resulted from: Noturol couses Accident . Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may b ro FUNER Health **EXAMINER'S** Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 3/15/1969 New Freedom New Freedom. Penna. 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 21084 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Charles E. Kurtz Jarrettsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

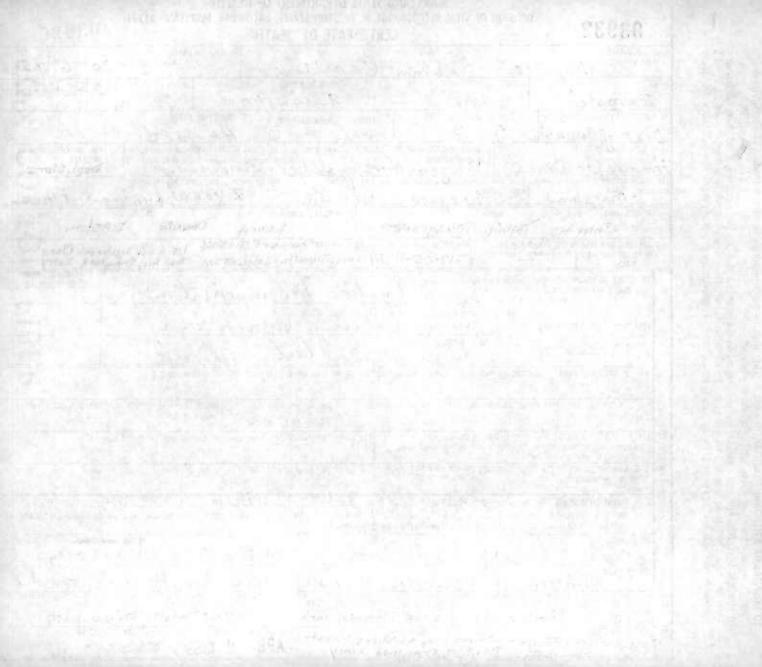


| | MARYLAND STATE DEPARTMENT OF HEALTH |
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| 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03924 |
| P | 03930 CERTIFICATE OF DEATH |
| = 10 } | 1. DECEASED-NAME First Middle, Jost , 2a. DATE OF DEATH 2b. HOUR |
| deoth deoth death | (Type or print) Herbert Abner Budnick March Doy 27 Year 69 15 A.M. |
| fer fer ter | 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 YEAR IF UNDER 24 HRS. |
| cecuted within tours after completely filled in by the fore corbon papers. Poges by event, within 72 hours after | Male White December 15, 1895 ost birthday) YRS. MONTHS DAYS HOURS MIN |
| Jour by F. | 7a. BIRTHPLACE (State or foreign Country) 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH |
| ed ir | 19d USA WIDOWED DIVORCED HARTOR & Md. |
| hin fi | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give, etreet podicess) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. INDUSTRY |
| ertely with | HAURE DE BRACE HARTORD MEMORIA H. D. Guring most of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution? Residence before 13c. CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER |
| be executed within ond completely fill a remove corbon poin only event, within | admission) STATE Md 13b. COUNTY Hapfied Johns YES NO 1114 MT. Rd |
| d co | 14. FATHER'S NAME First Middle Ligst 15. MOTHER'S MAIOEN NAME First Middle Lost |
| d in d | Albert James Budnot Ella Isabella GARdinen |
| 9 5 9 6 | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Joppa, Md. |
| ne deoth (cerific otending prys permit. Then p | Yes WWI 705-09-7386 Mrs. Helen Budnick, 1114 Mountain Road |
| ing Th Th | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)+ PART 1. DEATH WAS CAUSED BY: |
| leot rend mit. | IMMEDIATE CAUSE (a) Cardrac Cerrbaph mg |
| he off per ion, | DUE TO, OR AS A CONSEQUENCE OF |
| at the the mat | (canditions, if any, which gave) (b) Circles o - Sign fal Mys Candial Sufarction |
| OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within nours after deoth be retained by the hospital or oftending physician. DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeration 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages on a should be detached for use of the burial, cremation, or removal, and in any event, within 72 hours after death with the State Dept. | stating the underlying cause DUE TO, OR ASIA CONSEQUENCE OF CONSEQ |
| luire hysi gne uriol | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |
| req gn si ne b to bi | [1] |
| law andir bee bee | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
| The law of other o | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OF INJUR |
| NN: or or o | |
| pita pita of F | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d INUIDEY OCCURRED 21e PLACE OF INUIDEY (AT HOME FARM STREET FACTORY) 21f LOCATION Sheet or P.F.D. No. 6th or T. |
| OR ATTENDING PHYSICIAN: be retained by the hospital or NRECTOR: After this certificate e 3 should be detoched for u ed with the State Dept. of Heal | While Nat while 216. Take of Indoor Office Bulloing, ETC. |
| te D | di waik di work |
| by be be Sta | 22a. I certify that (I) (this haspital) attended the deceased from 19 Local, ta 19 Local tage and have and train the |
| R: OR: The | saw the deceased alive an |
| A P S S S S S S S S S S S S S S S S S S | 22b SIGNATURE 22c DATE SIGNED |
| OR DIRE | Janty, Monard, OEGREE PHYS. DIRECTOR DI |
| SPITAL 4 moy VERAL I for, pag Id be fil | 22d. PHYTICIAN'S NAME (Type) DALYTO 14 A CARRY AND 22e. ADDRESS NAME (Type) DALYTO 14 A CARRY AND 22 ADDRESS |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to | MADIE WIMPORKIC, MIN MINING COURT A DOCK OF THE |
| Page O Fun | 23d BURIAL (REMATION, Store) 23d. LOCATION (City or Tawn) (County) (Store) BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Store) BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Store) |
| MYII | 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| VR A15 41 45M - 1 69 | Howard K. McComas & Son, Abingdon, Md. |
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| 1 | 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| - | 3330 23 | 03932 CERTIFICATE OF DEATH 03926 | |
| | death. | 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOU | R |
| | funeral and sr deat | | |
| | aft aft | 0. Not (III) cas | AIN. |
| | | 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| | filled in 724 hin 72 | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR | Md. |
| | き きをイク | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY SEPT. Store | |
| | | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY HAR ford Bel GIR YES NO X 108 LV Lyn Look Place | |
| | and cam | 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last | _ |
| | be of an | Charles David Musgrove LAUTA DONNIE EASTON | |
| | ATENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and camples should be detached far use as the burial-transit permit. Then please remove call ith the State Dept. af Health priar to burial, crematian, ar remayal, and in any event. | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of service) 217-05-8789 mrs. Juanita C. Bowersox Bell Air, manyland 21014 | |
| | ng p The | 18. CAUSE OF DEATH (Enter anly ane cause per lige far (a), (b), and (c)) | = |
| | leath mit. | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Squire Cardiae Prompensation | |
| | the aff | Canditions, if any, which gave) DUE TO, OR AS (CONSEQUENCE OF CONTROL OF CON | |
| | hat n. yy th ansii | rise to immediate cause (a), (b) DUE TO, OR AS & CONSEQUENCE OF | - |
| | equires that tl physician. signed by the burial-transit burial, cremat | last. (c) Kleveralyed Chrlin & Solvo 575. | |
| | phy phy sign buri | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| | e law re tending us been as the priar to l | 19a. Date of Operation 19b. condition for which operation was performed 2Da. Autopsy? 20b. If yes, were findings considered in certifying | _ |
| | The latter has has the pri | YES NO NO CAUSES OF DEATH? | |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creasingly controlled. | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INILIPY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INILIPY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | |
| | PHYSI e hasp nis cer tached Dept. (| While Nat while of | |
| | NG the ter the de de de tate | adr work — or work — | lost |
| | END led bed by Aff Aff by Aff by Aff by She | 22a. I certify that (1) (this hospital) attended the deceased from 3 - 6 , 19 69, to 3 - 5 b, 1969, that (1) (we) saw the deceased alive an 3 c 19 69, and that in (my) (our) opinion death occurred on the date and have and from causes stated above, (1) (we) (did) (did nat) view the body after death. | the |
| | Should sh | 22b SIGNATURE | - |
| | OR be r Born Born Born Born Born Born Born Bo | Dante. Mondal, MI), DEGREE PHYS. DIRECTOR DIRECT | |
| | O HOSPITAL OR ATTENI Page 4 may be retained > FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the | 28d. PHYSICIAN'S NAME (Type) DANTE U. MONAKIL, M.D. 22e. ADDRESS Union Are HarvediGrace Me | |
| | HOS age / Fun irect | 23a. BURIAL, CREMATION, PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) | |
| | | REMOVAL (Specify) April 3,1969 DAGE MEMORIAL PARK MIGHTI BAGECO., Floridit 33137 24. FUNERAL DIRECTOR STORES STORE STORE 250, REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE | _ |
| | VR A15 (4) 30M REV. 1/68 | 24. FUNERAL DIRECTOR SOSEPH Williams Foster Wibroadway & Williams Street DAPR 2 1969 Climales Quelocal | |
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| | MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESYON STREET, BALTIMORE 1, MARYLAND 03935 CERTIFICATE OF DEATH |
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| 1. | PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) 5. STATE 6. COUNTY 7. STATE 6. COUNTY 7. STATE 7. COUNTY 8. COUNTY 9. STATE 9. COUNTY 10. COUNTY 11. COUNTY 12. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) |
| _ | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) |
| 1 | Write RURAL and give nearest town) 3. E.L. A.R. (RED) 27 YRS BEL ALR |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| | 309 FOUNTAIN GREEN Rd 309 FOUNTAIN GREEN Rd YES NOW |
| | NAME OF DECEASED (Type or print) CLAY WASHINGTON EDWARDS 4. DATE Month OF DEATH MARCH 6 19 69 |
| | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | MALE CAUCASIANWIDOWED DIVORCED DEC 30, 1901 67 yrs. Months Days Hours Min. |
| 10 | e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13 | SALES MAN SINGER DEWING MLLEGHANY, NO. CAR, U.S.A. |
| | CENTER J. EDWARDS FLORENCE CAUDILL |
| , | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT () 38-4380 Address |
| _ | os, no, or unkown) (If yas give war or dates of service) 238-30-5286 Mrs. christine R. Edwards BEI Air Manylon of 21014 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CONGESTIVE FAIRURE - TULMONARY FDEMA 40AYS DUE TO Conditions, if any, which gave rise to immediate couse ONER SYR |
| | (e), stating the underlying causa last. (c) |
| CERTIFICATION | |
| EKILLI | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH |
| | [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20i. (City or town) (County) (State) |
| | Hour a.m. While Not While lactory, street, olfica bldg., etc.) |
| | 21. I certify that (I) (this hospital) attended the deceased from DEC, 1953 to MARCH, 1969, that (I) (we) lass saw the deceased alive on MARCH |
| | 22a. SIGNATURE 22b. DATE |
| | The leader December M.D. ATTENDING MED. STAFF PHYS. MARCH 6,1969 |
| | 22c. PHYSICIAN'S NAME (TYPE) PHILIP W. HEUMAN, M.D. 307 HICKORY AVE., BEL AIR, Md |
| 3 | 8. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Emory Methodist Church Cem. Street Harbord Ce, Mary land |
| 4 | FUNERAL DIRECTOR'S SIGNATURE W. BY CORDURY ADDRESS: WIGHT STREET 250. REGISTRAR 2 |
| | Joseph William Foster |

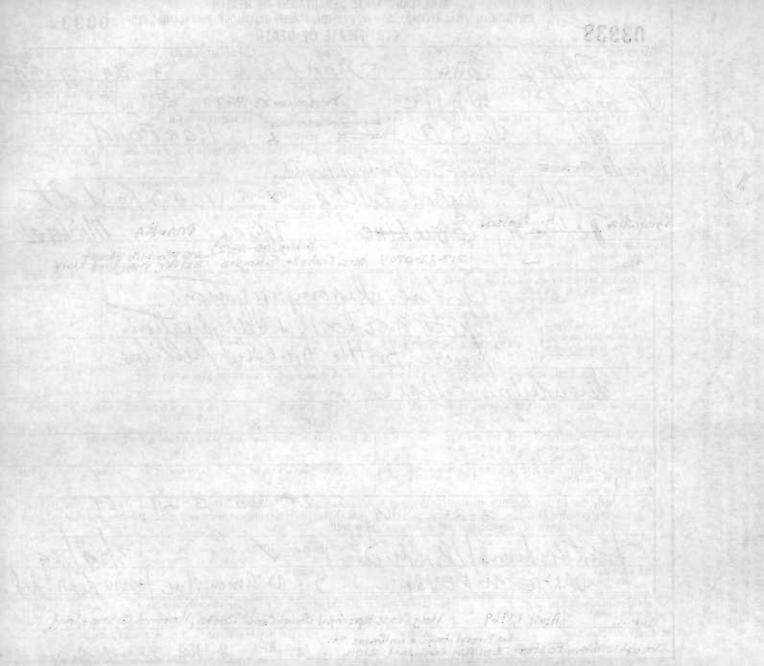
PASSES TO SERVICE AND ASSESSED TO SERVICE ASSE MEN SELECTION CONTRACTOR SELECTION OF THE SELECTION OF TH THE TELL SALE OF CONTROL OF THE SECOND SEAL SECTION The property of the The first that the same of the TO HELD WITH ME THE STREET OF Dally, of screening PHILIPPIN HELLIAN, PLED BOTH SORVALLA SELECTED STORY Today in the state of the state White County State Of Ball of The State of t

| 1 1 | 00000 | DIVISION OF VITAL RECORDS, | D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA | | | | | | |
|------------|--|--|--|---|--|--|--|--|--|
| | 03936 | CERTIFICATE OF DEATH | | | 03930 | | | | |
| 1. | DECEASED-NAME Fir (Type or print) | mes G. Blair | lost ne Fisher | 20. DATE OF DEATH Month | Doy Yeor 2b. HOUR | | | | |
| 3. | . SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (In years last birthday) | IF UNDER I YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN | | | | |
| L | Male | Caucasian | January 5, | , 1891 78 YR | | | | | |
| | o. BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | | | | | |
| | Maryland | USA | WIDOWED TO DIVORCED | Harford | | | | | |
| | D. CITY OR TOWN OF DEATH Havre de Gre | 11. NAME OF HOSPITAL OR INS give street oddress) Citizens Num | sing Home Re | SUAL OCCUPATION (Kind of work don most of working life, even if retired Lilroad Conductor | .) INDUSTRY | | | | |
| 13 od | Bo. USUAL RESIDENCE (Where dece dmission) STATE Marylar | osed lived, if institution: Residence before 136. COUNTY Harford | 13c. CITY OR TOWN 13d. INSIDE CIT | | | | | | |
| 14 | 4. FATHER'S NAME First | Middle Lost | 15. MOTHER'S MAIDEN NAME | First Middle | Lost | | | | |
| | Geor | | | Annie | Hines | | | | |
| 10 | | RMED FORCES? a war or dotes of service) W (WKANCE N | 17. INFORMANT MISS Elsie O. | Fisher, Housed | e GRACE, Medi | | | | |
| | Conditions, if ony, which governies to immediate cause (o) stoting the underlying couse lost. | DIATE CAUSE (a) CONSEQUENCE OF (b) TS DUE TO, OR AS A CONSEQUENCE OF (c) | že Glear T Faulu C.J. | re of Julmon, Ci | yrs. | | | | |
| LICICATION | Heal | onditions contributing to death but no section of the section of the section was per t | of anen | 20b. IF YES, WERE FINDING | S CONSIDERED IN CERTIFYING | | | | |
| | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR (If either, notify medical exam | ATH HOUR A.M. Month Doy Year | | ternoture of injury in Port 1 or Port | 2, Item 18.) | | | | |
| MAG | 21d. INJURY OCCURRED 21 While Not while of work | e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | ORY.) 21f. LOCATION Street or R.F.D. I | No. City or Town | County Stote | | | | |
| | 22a. I certify that (I) (this haspital) attended the deceased from 1967, to 1967, to 1967, to 1967, that (I) (we) last saw the deceased olive on 1967, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did) (did not) view the body offer death. | | | | | | | | |
| | Charle | 226. SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED 226. DATE SIGNED | | | | | | | |
| | 22d. PHYSICIAN'S NAME (Type) | RIES J. ADIEY | JR 220. ADDRESS HAV | RE dE GRAC | E, Md. | | | | |
| 1 | REMOVAL (Specify) | 14/2/69 // she | EMETERY OR CREMATORY REY CAMEREES | 23d. LOCATION (City of Jown) | (Stote) | | | | |
| 24 | 4. FUNERAL DIRECTOR | ADDRESS PERSON | DAAPR | BY REGISTRAR 266. REGISTRAL | | | | | |

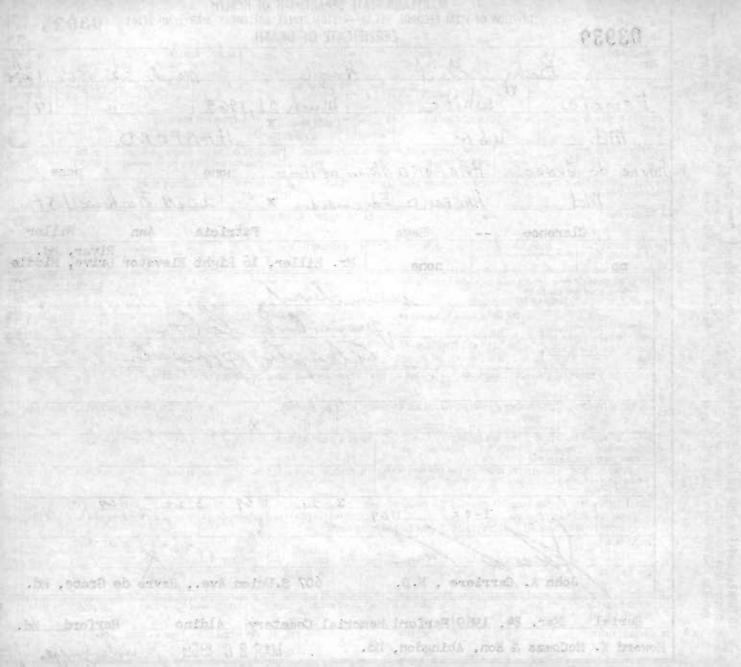
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY 8. STATE Maryland h. CDUNTY Harford Harford MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Bel Air Bel Air d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 118 Maulsby Ave. 118 Maulsby Ave. ND 3 NAME DE First Middle Last 4. OATE Month Day Year carbo DECEASED complet event, (Type or print) LAHARI DEATH 19 69 March executed 6. CDLOR OR RACE 7 MARRIED X OATE OF BIRTH AGE (In years LIFUNDER 1 YEAR) IF UNDER 24 HRS remove NEVER MARRIEO last birthday) | Months | Days Hours any 17/1902 6 Male White WIDOWED DIVORCED 6 10a. USUAL OCCUPATION (Give kind of work done) physician an please re 5 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Gas & Electric Equipment operator Penna. death certificate 13. FATHER'S NAME removal. MOTHER'S MAIDEN NAME been signed by the attending plane the burial-transit permit. Then it to burial, cremation, or remova William James Flahart Ella Dampman 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? | 16. SDCIAL SECURITY ND. 118 Addres Maulsby Ave. (Yes, no, or unkown) (If yes give war or dates of service) Margaret E. Flahart Bel Air. Md. No 3-26-3281 21014 INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 2412 IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate DUE TD cause (a), stating the prior underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate ND X YES PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I thed f DR CONTRIBUTING CAUSE OF DEATH ac MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bidg., etc.) be de State Hour a.m. Not While After of be of retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from MARCL to man c(31, 1969 h the 1967 OIRECTOR: age 3 should led with the saw the deceased alive on MARCH and that death occurred at Z: 224M. from the causes and on the date stated above. 22a. | SIGNATURE DATE SIGNED 22b. director, page should be filed M.D. PHYS. DIRECTOR FUNERAL HOSPITAL PHYSICIAN'S 22d. **ADDRESS** 22C. NAME (Type) Page , NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soecify) 10 Gardens ns | Bel Air, Harford, M Mem. Burial
24. FUNERAL DIRECTOR 25a. 21084 Charles E. Jarrettsville. Md. Charles Jugge Kurtz VR AI5 (4) DATE 20M 1/65

78888 brolial husiviel brolnell Bel Alr Male 7/17/1902 56 Equipment operator das & Electric Penns. semqual silk fradeli somet metiliv William Jages Hanart Nrs. 116 National St. Planart Bel Air, id. Burial 4/2/1969 Bel Air Mem. Gordens Sel Air, Herford, Md. Casrles B. Kurts Jarrettsville, Md. Aif . 1959 Freing Local

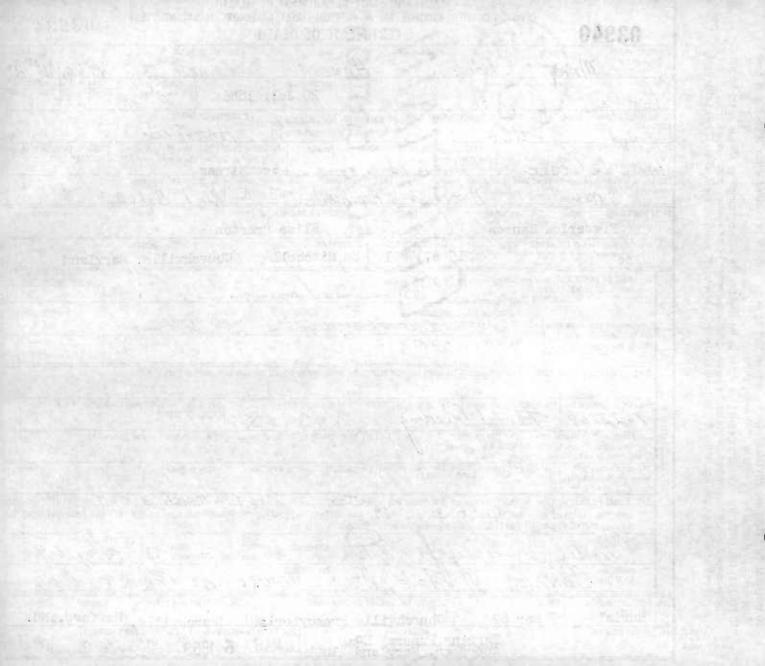
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03932 03938 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH deoth. after deoth and (Type or print) Month 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) MONTHS DECEMBER 23, 1887 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TINEVER MARRIED country) WIDOWED TO DIVORCED X 10. CITY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most af working life, even if retired.) INDUSTRY REDO- GRACE physicion and completely en pleose remove carbor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? in ony event 13e. STREET AND NUMBER The low requires that the death certificate be executed admission) STATE 13b. COUNTY YES 🔀 14. FATHER'S NAME NEISON 15. MOTHER'S MAIDEN NAME First Middle HequillA MATHIA 17. INFORMAN (NEICE 838-48/12) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. BEL Air MAMILY ZIOIY Yes, no, or unknown) (If yes give war or dates of service) 217-22-0704 Mrs. ISABELLE S. ROGERS 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO, OR-ASTA CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospitol or attending physician. stating the underlying causes PART 2. OTHER AND INFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 YES 🗌 OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 2-28, 1969, ta 3-29, 1969, that (I) (we) lost saw the deceased alive an 3-29, 1969, and that in (my) (our) apinian death occurred on the date and haur and from the poge 3 should be be filed with the Stot causes stoted above, (1) (we) (did) (did nat) view the bady after deoth. 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Holy Cross Episcopal Church Com. Rocks, Hartord Co. Maryland W. Broadway & Williams St. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR DATEAPR Joseph William Foster BEI Hir Manyland 21014 Orlinger Victor



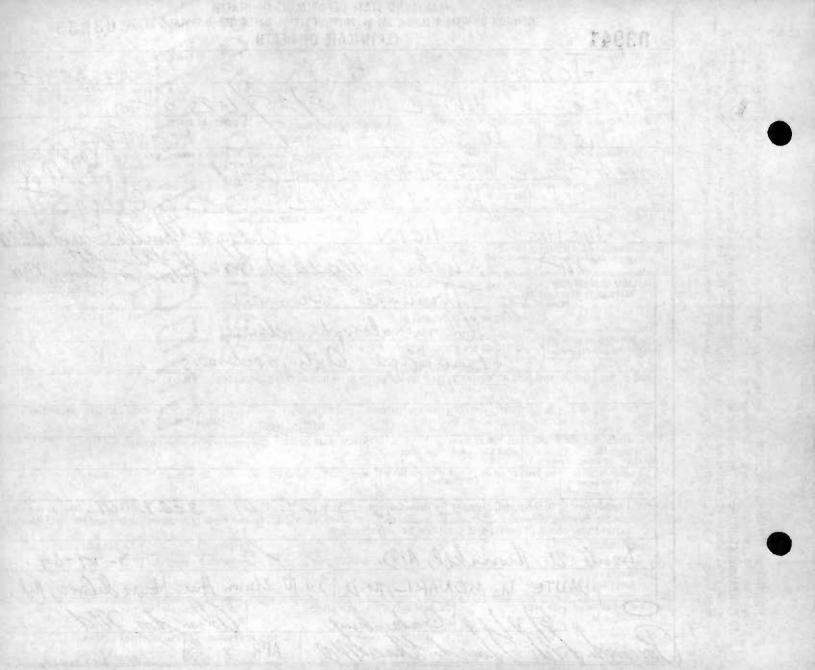
| - 1 | | | | ATE DEPARTMENT OF F | | |
|-----|---------------|--|---|------------------------------------|--|--|
| 8 | | | N OF VITAL RECORDS, 301 | | MORE, MARYLAND 21201 | 03933 |
| | | 03939 | | IFICATE OF DEATH | | |
| | 1. D | ECEASED-NAME First Type or print) | Middle | Last | 2a. DATE OF DEATH , Manth, Do | 2b. HOUR |
| ı | 3. 58 | Daly | Dil | Haga | March 2. | 2 1969 12:554 |
| İ | 3. 31 | EX 4. RATE | 1.1.1 | 5. DAJE OF BIRTH | 6. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
| Į | 70 | BIRTHPLACE (State or fareign 7b. CITIZEN | OF WHAT COUNTRY? 8. MAI | March 21 | 1969 YRS. | 17 |
| | (aur | ntry) Md. | MAI | RRIED NEVER MARRIED NOWED DIVORCED | 9. COUNTY OF DEATH HARFORD | Md |
| I | 10. (| CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR INSTITUTIO | | L OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR |
| | | Aure de Dyrce | give street address) HARFORD Mo | Morial Itosp. | ast of working life, even if retired.) | INDUSTRY none |
| | 13a. adm | USUAL RESIDENCE (Where deceased lived, if issian) STATE Md 13b. COL | | TY OR TOWN YES NO | MITS? 13e. STREET AND NUMBER | K. vol15+ |
| | 14. 1 | FATHER'S NAME First Mi | ddle Last (| IS. MOTHER'S MAIDEN NAME F | irst Middle | Last |
| | | Clarence | Haga | | atricia Ann | Miller |
| ı | | (es, no, or unknown) (If yes give war or dates of ser | 16b. SOCIAL SECURITY NO. | 17. INFORMANT | Address | River, Md. |
| | | no | none | Mr. Miller, 16 | Right Elevator | |
| ı | | 18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: | per line far (a), (b), and (c).) | 7 7 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | 17 7 A 1 1MMEDIATE CAUSE (a) | In | malerry | | |
| | | Canditians, if any, which gave) |), OR AS A CONSEQUENCE OF | 0-0 | 1.1 | A STATE OF THE STA |
| | | rise to immediate cause (a), | OD AS A CONSTOURNER OF | rancoure & | 2000 | |
| ı | | stating the underlying cause DUE IC |), OR AS A CONSEQUENCE OF V | Il motor | Alpaenta | |
| ı | Н | PART 2. OTHER SIGNIFICANT CONDITIONS CON | | TED TO THE TERMINAL DISEASE ORCO | ONDITION GIVEN IN PART 1(a) | |
| ı | 2 | | | | 7.00.00 0.00 m. (7.00) | |
| ı | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION F | OR WHICH OPERATION WAS PERFORME | D 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS (| CONSIDERED IN CERTIFYING |
| | TIFIC | | | YES NO 🔀 | CAUSES OF DEATH? | |
| | | 21 a. ACCIDENT WAS UNDERLYING 21b. T | IME OF INJURY A.M. Manth Day Year | c. HOW INJURY OCCURRED (Enter | nature of injury in Part 1 or Part 2, | Item 18.) |
| | MEDICAL | (If either, natify medical examiner) | P.M. 19 | Man de la | | |
| | W | 21d. INJURY OCCURRED 21e. PLACE OF IN While at work 21 work | JURY (AT HOME, FARM, STREET, FACTORY,) | 21f. LOCATION Street or R.F.D. No. | City or Town | County State |
| | | 22a. I certify that (I) (this haspital | attended the deceased fram | n 3-21, 196 | 9, ta 3-22, 19 | 69 , that (I) (we) last |
| | | saw the deceased alive an causes stated above, (1) (we) | 3-22 1969 (did) (did nat) visw the hadve | , and that in (my) (aur) apir | nian death accurred an the do | ate and haur and fram the |
| | | 22b. SIGNATURE | (did) (did har view the beary o | | 220 | DATE SIGNED |
| | | 5/11- | 6. / am = | _DEGREE PHYS DI | ED. STAFF RECTOR PHYS. | |
| | | 22d. PHYSICIAN'S NAME (Type) John A. Ca: | rriere , M.D. | 22e ADDRESS | | - Cmana Md |
| | | | | | on Ave., Havre de | e Grace, M. |
| | 23a. | BURIAL, (REMATION, PREMOVAL (Specify) Burial Mar. 24 | 23c. NAME OF CEMETER | | 23d. LOCATION (City ar Tawn) | (Caunty) (State) |
| | 24 | Burial Mar. 24, | 1969 Harford Me | morial Cemetery | Aldino REGISTRAR 2Sb. REGISTRAR'S | Harford Md. |
| | | oward K. McComas & S | 710071200 | | | Las Quelas. |
| | | | | | | |



MAKTLAND STATE DEPAKTMENT OF HEALTH



| | | MARYLAND STATE DEPARTMENT OF HEALTH |
|--|---------------|--|
| | 13 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03935 |
| | | 03941 CERTIFICATE OF DEATH |
| deoth. | | CEASED-NAME To First Middle Holst 20. DATE OF DEATH 20. DATE OF DEATH Month 2007, Year 953 |
| | 3. 5 | Mahe 4. RACE White S. DATE OF BIRTH 6. AGE (In years if under 24 Hrs. lost birthdox) MONTHS DAYS HOURS MIN |
| n 24 hours illed imby papers. P | 7o. | IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDISD 57 NEW MARDISD 57 NEW MARDISD 57 |
| ompletely filled in by the fore corban papers. Pages I event, within 72 haurs after | F/ | ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during of of working life, even if retired.) 12. USBAL OCCUPATION (Kind of work done during of of working life, even if retired.) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during of of working life, even if retired.) |
| e executed withing and completely fremove corban nany event, with | odm | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN) 13d. INSTECTIVE LIMITS? 13e. STREET AND NUMBER 13b. COUNTY. HAR FOR A TOWNSON YES NO 45 3 GREEN ST. |
| be ex in and se rem | | ATHER'S NAME First, Middle Hell IS. MOTHER'S MAIDEN NAME Pirst Middle Spiller |
| rtificate physicie en plea oval, an | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mentle Therefore the security of the securi |
| HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after oge 4 may be retained by the hospital or attending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 haurs after | | 1B. CAUSE OF DEATH (Enter only one couse per line torfu), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF conditions, if ony, which gave isse to immediate couse (o), stoting the underlying couse last. (c) Countries of Consequence OF Consequ |
| requires tho g physicion. n signed by e burial-tran o burial, cren | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior to buri | CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? |
| ICIAN: pital or intificate ed for u | MEDICAL CE | 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) |
| G PHYS the hos this ce detoche | W | 21d. INJURY OCCURRED While Of Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote |
| TO HOSPITAL OR ATTENDING PH Poge 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detoc should be filed with the Stote Dep | | 220. I certify that (I) (this haspital) attended the deceased from 3 = 27, 1964, to 3 = 27, 1969, that (I) (we) las saw the deceased alive an 3 = 109, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the body after death. |
| be reto | | Dante U. Monalcil, MD, DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR STAFF 3-27-69. |
| A moy NERAL tor, po | | 22d./PHYSICIANS NAME (Type) DANTE U. MONAKIC, M.D. 22e. ADDRESS, Union Aue. Havre de Groci, Nol. |
| TO HOSPI) Poge 4 m director, should b | | BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OP/CREMATORY 23d. LOCATION (City or Town) (County) (Stote) |
| VR A15 (4) | 24. | ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE |

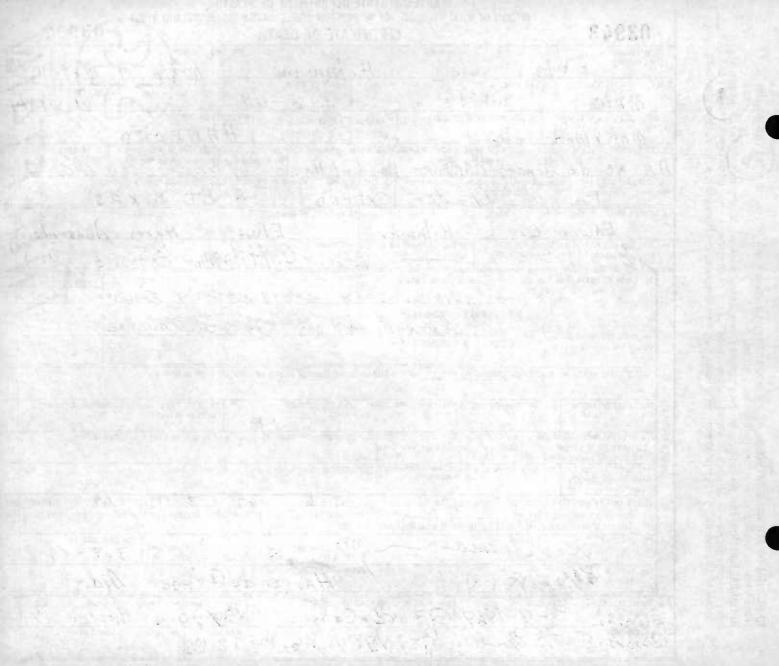


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| F 2 = 2 | | 03049 | | CERTIFICA | | | | | | 3936 | | | | | | | |
| de and de ath | 1. | PLACE OF DEATH | | | | 2. USUAL RESIDENCE | | | ion: Resider | ace before admission | | | | | | | |
| | | Ha | rford | MARYLAN | | | yland | b. COUNTY | | ford | | | | | | | |
| in by the s. Pages T | | write RURAL an | (If outside corporate limits, nd give nearest town) Street | c. LENGTH OF STAY IN | 1b | c. CITY OR TOWN (If o | utside corporat | | RURAL and | give nearest town) | | | | | | | |
| 24 hours filled in b hapers. Papers. | - | | | In hospital, give street addr | ess) | d. STREET AOORESS | al- St. | reet | | e. IS RESIDENCE | | | | | | | |
| n 24 ho y filled papers thin 72 h | | | | | | Ady | Read | | | ON A FARM? YES NO | | | | | | | |
| upletely carbon ent, with | 3. | NAME OF DECEASED (Type or print) | Charles | Vernon H | ens | ley | 4. DATE DF DEATH | Month | | 19 69 | | | | | | | |
| executed within 2 and completely file remove carbon pain any event, within | 5. | | Whites 7. MARI | RIED NEVER MARRIED |] 8. | DATE OF BIRTH | las | E (In years IFL birthday) Mo | nths Oays | AR IF UNDER 24 HRS | | | | | | | |
| basse asse | 10a dur | . USUAL OCCUPATION Ing most of working Painter | | Db. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (Cou | nty & State, or fo | | COUNT | N OF WHAT RY? USA | | | | | | | |
| riffeete ng phys hen ple moval, a | 13. | FATHER'S NAME Henry He | nsley | | 83 | 14. MOTHER'S MAIOE Zuella H | N NAME | | NET. | | | | | | | | |
| ath cel attendir mit. I | 15 (Ye | WAS DECEASED EVE s, no or unkown) (1 | ER IN U.S. ARMED FORCES? f yes give war or dates of service) | 16. SOCIAL SECURITY NO. 401-01-4073 | | Margare | t Hens | Address ley,Str | eet, | Md. | | | | | | | |
| Ires that the death certificate be physician. I signed by the attending physicial burial-transit permit. Then please burial, cremation, or removal, and | | PART I. DEAT | TH WAS CAUSED BY: IMMEDIATE CAUSE (a) | per line for (a), (b), and (c).1 Prob. bron | cho | genic Car | cinoma | | ı ^N | TERVAL BETWEEN NSET AND DEATH Year | | | | | | | |
| PHYSICIAN: The law requires that the death certificate the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then ple e Dept. of Health prior to burial, cremation, or removal, and | | | | | | | | | Conditions, if any gave rise to im cause (a), stati underlying cause i | nmediate DUE TO | | A THE | | | | | |
| N: The law regulital or attending it or use as the before the lab been for use as the before to the latter of the | CATION | | | TRIBUTING TO DEATH BUT NOT | RELATE | ED TO THE TERMINAL DI | SEASE CONDITI | ON GIVEN IN PAR | -(-) | 9. WAS AUTOPSY PERFORMED? | | | | | | | |
| ICIAN: The ospital or a certificate hed for use the of Health | CERTIFICATION | 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF | AS UNDERLYING 2D CAUSE OF DEATH MEDICAL EXAMINER) | Db. OESCRIBE HOW INJURY | OCCUR | RED. (Enter nature of 1 | njury in Part I | or Part II of It | | | | | | | | | |
| JING PHYSICIAN dby the hospita After this certif d be detached f state Dept. of I | MEDICAL | 20c. TIME OF INJ Hour a.m. p.m. | W | Od. INJURY OCCURRED 20e | , PLACE factory, | OF INJURY (Home, far , street, office bldg., etc | m, 20f. (City | or town) | (County) | (State) | | | | | | | |
| OR ATTENDING I be retained by it DIRECTOR: After ge 3 should be fed with the State | | | | tended the deceased from | Ju that d | ly 1950 19 death occurred at | JULY DIM | | | that (I) (we) las | | | | | | | |
| AL OR ATTENDII nay be retained AL DIRECTOR: Al page 3 should filed with the S | | 22a. SIGNATURE | Robot 7. | Barthit | M.O. | ATTENDING MPHYS. | ED. | STAFF M | ar.3 | SIGNED 1/69 | | | | | | | |
| TO HOSPITAL Page 4 may TO FUNERAL director, page should be file | | 22c. PHYSICIAN'S NAME (Type | Robert Ba | arthel | | Box 4, For | rest Hi | 111,Mar | yland | 1 21050 | | | | | | | |
| TO HC Page TO FU direct | 23a | BURIAL, CREMAT REMOVAL (Specifical) | | 9 Hensley F | | ly Cem. | Nort | | e Co | . Va. | | | | | | | |
| MD ASE (A) | 24 | FUNERAL DIRECT | 11 | ADDRESS Delta, | Do | | | R 25b. REGIS | TRAR'S SI | | | | | | | | |
| VR A15 (4) 15M 4-64 | | H NHOL | 1 HARKINS | 5 Delea, | Lat. | DATEAP | (19 | 69 year | -,00 | 0 | | | | | | | |

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| against the state of | 8981 T 994 | n Polto, Fa. | Wall Harling |

| | | 00000 | DIVISIO | N OF VITAL RECOF | DS, 301 W. I | RESTON STREET, BAL | TIMORE, MAR | YLAND 21201 | 0.0 | |
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| | | 03943 | | | CERTIFI | ATE OF DEATH | | | 0393 | 7 |
| | 1. DE | CEASED-NAME | First | Middle | | Last | 2a. DATE OF | | | 2b. HOUR |
| | (1) | (pe ar print) BA | by | Boy | H | IAMAN | | MARCH Doy | 1969 | 11:30 M |
| | 3. SE | | 4. RACE | , ,, , | | S. DATE OF BIRTH | 0 | 6. AGE (In years lost birthday) | IF UNDER I YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| | | MAIC | | white | La | 3-6-6 | | - YRS. | | 7 44 |
| | 7o. B | IRTHPLACE (State or foreign | 7b. CITIZEN | OF WHAT COUNTRY? | | NEVER MARRIED | 9. COUNTY OF | DEATH | | |
| - | 10 0 | MARY IAnd | 1 4 | 11. NAME OF HOSPITAL | WIDOWED | | HAL OCCUPATION | (Kind of work done | TION KIND OF D | Md. |
| | 11 | AURC de | 4 | give street oddress) | A4- | | | life, even if retired.) | 12b. KIND OF B | IN PO |
| 1 | 13a. | USUAL RESIDENCE (Where de | eceosed lived, if | institution Residence he | | | LIMITS? 13e. ST | REET AND NUMBER | 1001 | 70 |
| 7 | odmi | ssion) STATE PA | /3b. CO | unithester | OXF | ORD YES | NO X R- | t. Box. | 23 | |
| f | 14. F | ATHER'S NAME First | Mi | iddle Lo | | S. MOTHER'S MAIDEN NAME | First | Middle | | Lost |
| | | Edwin | Ci | Hi134 | MAN | El | 24 | Hones | Juese | nberra |
| 4 | | WAS DECEASED EVER IN U.S. es, no or annihilation (If yes | ARMED FORCES? give war or dates of se | 16b. SOCIAL SECU | RITY NO. 17. | INFORMANT (2) | 4.1. | Address | 17 | 2 |
| | _ | 10 | | | - 4 | TWIN C. I | I I A /YIU | N OTO | APPROYIM | ATE INTERVAL |
| 1 | | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA | er only one couse AUSED BY: | | | . 0 | | | BETWEEN ON | SET AND DEATH |
| | | 7789 111 | MEDIATE CAUSE (c | | | Y + RESP | IRATOR | Y FAIL | IRE | |
| 9 | | Canditions, if ony, which g | | o, or as a consequence b) CENT. | | ERVOUS SY | CTC | FAILUR | _ | |
| | | rise ta immediate cause | (o), (| D. OR AS A CONSEQUENCE | | ERVUUS >1 | 316M | MILAK | - | |
| | | stating the underlying ca lost. | use | d) | | | | | | |
| | | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | NTRIBUTING TO DEATH B | UT NOT RELATED | O THE TERMINAL DISEASE OF | CONDITION GIVE | I IN PART I(o) | | |
| | N | | MARK. | | | HELL TO LA | | | | |
| | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION F | OR WHICH OPERATION W | AS PERFORMED | 20o. AUTOPSY? | CALICEC | YES, WERE FINDINGS OF DEATH? | ONSIDERED IN CER | TIFYING |
| - | RTIFI | | | | | YES NO NO | 9 | | | |
| | AL C | 210. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE O | F DEATH HOUF | TIME OF INJURY R A.M. Month Day | Year 21c. H | OW INJURY OCCURRED (En | ter noture of injur | y in Port 1 or Port 2, | Item 18.) | |
| 1 | MEDICAL | (If either, notify medical ex | cominer) | P.M. | 19 | OCATION Services | la C' | Y | Count | C4-4- |
| | | While Nat while | 21e. PLACE OF IN | OFFICE BUILDING, ET | 211. 1 | OCATION Street or R.F.D. N | ia. City | or Town | County | State |
| | | 220. I certify that (1) | (this hospito | I) attended the dec | eosed from | 3 - 6 19 | 69 to | 3 - 7 19 | 69 that | (I) (we) lost |
| | | 220. I certify that (I) sow the decease | d olive on_ | 3-7 | 19 69, or | d that in (my) (our) o | pinion deoth o | occurred on the do | ote ond hour o | nd from the |
| | | | ove, (I) (we) | (did) (did not) view | | | | Loo | DATE CIQUED | |
| | 3 | 22b. SIGNATURE | NE | uller | DEC | ATTENDING M | MED. DIRECTOR | STAFF PHYS. | DATE SIGNED | 9 |
| 1 | | 22d. PHYSICIAN'S | | | 900 | PHYS. 22e. ADDRESS | DIKECTOK - | rnis. | ha i | |
| | 8 | NAME (Type) | Mora | r4 | | HAVRE | deGR | Ace / | 11d. | |
| - | 23a. | BURIAL, CREMATION, | 23b. DATE 3-9- | 23c. NAM | E OF CEMETERY O | | 23d. LOCATIC | N (City or Town) | (County) | (State) |
| , | 3 | DUNIAL | 3-9-1 | | | Carry. | BX | | lester | PA. |
| | 24/ | EUNERAL DIRECTOR | 15 M | Man Roll | RESS, NGS | Syn Man REC'D | BY REGISTRAR | 25b. REGISTRAR'S | SIGNATURE | |
| I. | - | 100 | 11/10 | | 0 1 - 1 2 | / F/ F/ WANTE TVI | 11 1 4 1 | IDIT X LUCIO | My Man | 0 - 5 |

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03938 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 2a. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS lost birthday) and completely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED remove corbon papers. DIVORCED V within 72 WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN executed 13b. COUNTY and in any 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Lost requires that the death certificate be physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown) (II yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ! Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 3 should be detached for use os the with the State Dept. of Heolth prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 2 25 69 YES [NO 5 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. 3114 _1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, should be 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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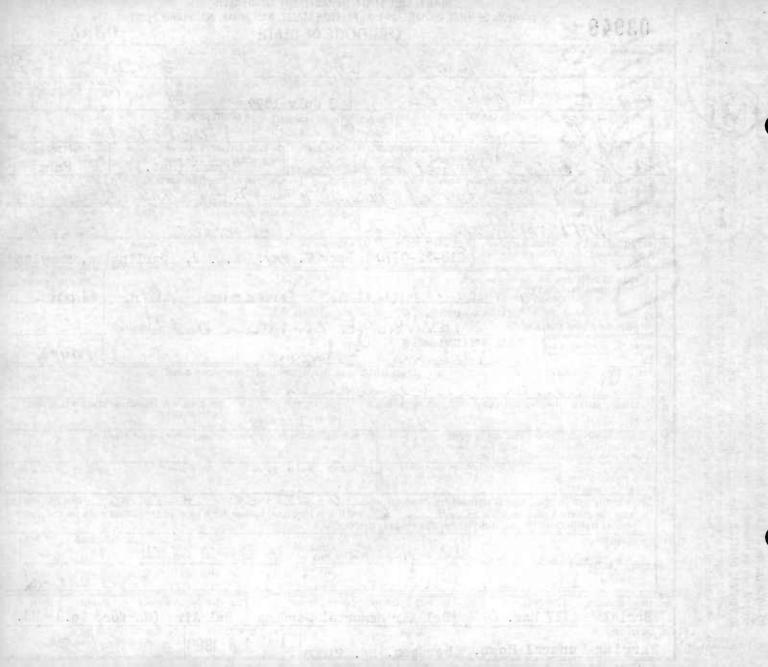
| 1 | 03945 | | DIVISION O | MARYLA F VITAL RECORDS | ND STATE 5, 301 W. P | DEPARTME RESTON STRE | ENT OF HEAD EET, BALTIMO | LTH RE, MARYLANI | 21201 | 13030 | |
|--------------|--|------------------|----------------------|---|-------------------------|-------------------------|-----------------------------|----------------------|--------------------|-----------------------------|-------------------------------|
| L | 1100% | , | | | CERTIFIC | ATE OF D | DEATH | | 10,17 | 00000 | |
| 1. | DECEASED-NAME (Type or print) | First | | Middle | | Last | 20 | DATE OF DEATH | AL 0- | v | 2bPHOMP |
| L | | Wil | liam | Charles | 3 J | ohnson | | March Mor | 12 | Yeer 9 | 1:50 |
| 3. | SEX | | 4. RACE | | | S. DATE OF BIRT | rH . | 6. AGE | (In years | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN |
| L | male | | | white | | 9-9 | 88-9 | 1031 0 | rthday) 80 YRS. | MONTHS DATS | HOOKS MIN |
| 70 | a. BIRTHPLACE (State of auntry) Md | r fareign 7 | b. CITIZEN OF | WHAT COUNTRY? | 8. MARRIED WIDOWED | NEVER MARRI | IED . | Harfor | 3 | | 44.1 |
| |). CITY OR TOWN OF D | | 11. | NAME OF HOSPITAL OR I | | | 12a. USUAL OC | CUPATION (Kind of | wark dane | 12b. KIND OF B | USINESS OR |
| | Havre de (| race | 3 | Citizens | Nursi | ng Home | Saw | | | Saw M | ill |
| 00 | dmissian) STATE | Where deceased | 13b. COUNTY | Citizens utian: Residence before Harford | Jarre | ttsvil | HES NO NO | Tarret | | le Roa | d |
| 14 | 4. FATHER'S NAME | First | Middle | | | . MOTHER'S MAIL | DEN NAME First | V CALL CO | Middle | TC_HOG | Last |
| | Geo | rge W. | Johr | son | | Cat | herine | Adams | | | |
| 1 | 6a. WAS DECEASED EVE | R IN U.S. ARMEL | | 16b. SOCIAL SECURIT | YNO. WZ | NEORMANT | 101110 | Jarrett | SANDERS] | e Road | |
| | Yes no, ar unknawn) | (ii yes give war | or dates at service) | 218-34- | 0705 L | illie | M. John | nson F | orest | Hill, | Md |
| | 18. CAUSE OF DE | ATH (Enter anly | ane cause per | line far (4), (b), and (| 1). | 1 | | -// | | BETWEEN ON | ATE INTERVAL AND DEATH |
| ľ | PART I. DEAT | H WAS CAUSED & | BY: CAUSE (a) | ande | ac. | 1)00 | and De | nsaleo | n | 24 6 | 28. |
| | 412 | 4 | | AS A CONSEQUENCE O | F | 01, | VI | | | | C. Tim |
| Ш | Canditians, if any, | which gave | (b) | H | 5. | 1. | 1). | ELEXAG | | 3-41 | Jeans |
| | stating the under | | DUE TO, OF | AS A CONSEQUENCE O | F | | | | | | |
| | last. |) | (c) | | | | | | | | |
| | | SNIFICANT CONDI | TIONS CONTRIB | BUTING TO DEATH BUT | NOT RELATED TO | THE TERMINAL I | DISEASE OR CONDIT | TION GIVEN IN PAR | [](a) | | |
| CEDITICATION | 19a. DATE OF OPERA | TION 19b. CO | NDITION FOR W | HICH OPERATION WAS F | PERFORMED | 2Da. AUTOPS | SY? | | | ONSIDERED IN CER | TIFYING |
| TILLY | | | 0 | | | YES | NO 🖾 | CAUSES OF DEAT | H? | | |
| | | | 21b. TIME | | 21c. H | DW INJURY OCCU | RRED (Enter natu | re af injury in Part | 1 or Part 2, I | tem 18.) | |
| ASTRICAL | ar contributing | redical examiner | | | 19 | | | | | | |
| 441 | 21d. INJURY OCCU While Nat wh at wark at war | RRED 21e. PL | ACE OF INJURY | (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC. | ACTORY,) 21f. LC | OCATION Street | or R.F.D. Na. | City or Town | | Caunty | State |
| | 22a. I certify | that (I) (this | haspital) at | ttended the decea | sed from | 2/12/1 | 68,19 | , to | 14.19 | 67', that (| I) (we) last |
| | saw the | deceased aliv | e an | tended the decea | 19 6-9an | that in (my) | (aur) apinian | death accurred | an the da | te and hour a | nd fram the |
| | 22b. SIGNATURE | area abave, | (I) (We) (did |) (did nat) view the | e bady after o | leath. | | | 1 00 - | ATE CIOUS | 1 |
| | 22B. SIGNATURE | 5 | then | 1 | 7 mores | ATTENDING | MED. | STAFF | 722c. [| DATE SIGNED | /19 |
| 6 | 22d. PHYSICIAN'S | | C a | and I | DEGR | PHYS. | DIRECTO | OR PHYS. | 2 | 0114 | 61. |
| | NAME (Type) | Edy | Ut d | C. L00, | M.D | , Zee ADDRE | faire | det | race | 2, 1 | nd. |
| 23 | Burial, CREMATION | 1, 23b. DA | - | | F CEMETERY OR | | | LOCATION (City o | | (Caunty) | (State) |
| _ | REMOVAL (Specify) Burial | 3/1 | 7/196 | 9 Jarre | ttvi | lle | C DECID DU DEC | Jarrett | svill | e, Mar | yland |
| | 4. FUNERAL DIRECTOR | E. Kur | + m T | arrettsv | | | Sa. REC'D BY REG | 1960 C | REGISTRAR'S | | |
| | DITOT TO 2 | LLAIA ALL | UZA C | CHIELLISV | 1 1 1 5 | CILL A | DATE SILVE | THE U | 1 1 1 - 1 | . / | |

| / | | 0394 | DIVISIO | N OF VITA | AL RECOR | DS, 301 | W. PRESTO | N STREE | ET, BALT | TIMORE, | MARYL | AND 21 | 201 | 1/1TO | 3/7/69 | KK LO |
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| | | CEASED-NAME | Fire | IVIE | DICAL | Middle | INEK 2 (| EKIIFI | Lost | יוע זע | AIH | | KNOWN | | 003 | 2b. HOUR |
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| | 3. SE | X Male | 4. RACE White | | OF BIRTH | | 6. AGE (In years last birthday) | MONTHS | OAYS | IF UNDER HOURS | 24 HRS. MIN | | PRONOUNCED | DEAD Doy | Yeor | 2d. HOUR |
| 1 | _ | RTHPLACE (Stote | | 7b. CITIZEN | | | | ARRIED 🔀 | NEVER MA | RRIFD | 9. COU | NTY OF D | RCIT | _ | 196 | 7 Speck |
| | cauni | ry) | | | ISA | | | DOWED [| | ORCED | | Harf | | | | M |
| | 10. C | TY OR TOWN OF | | | | | or institution | | | | | | (Kind of war ife, even if r | | 12b. KIND OF B | USINESS OR |
| 2 | | USUAL RESIDENT Imission) STATE | CE (Where deced | sed lived if | institution: NTY Har | Residence I | pefore 13c. CIT | or town | N I | YES 1 | | | T AND NUMI | | Run Road | |
| | 14. F | ATHER'S NAME | First John | | Middle | Va | Last | 15. MOT | HER'S MA | IDEN NAME | First | 200 | Mid | dle | | ost |
| 1 | 140 1 | WAS DECEASED EV | ER IN U.S. ARMED | 1-47 607 | 126 | SOCIAL SECU | rn pity NO | 17. INFORM | MANIT | | Emma | 1 | ADDRES | | McCor | mick Md. |
| | (Y | es, na, or unknaw | n) (If yes giv | e war or dates of s | | | | | | h K. | Morl | Lok, | | _ | d St., A | berde |
| | | 1B. CAUSE OF | DEATH (Enter of | nly one cause | 1 | | | | | _/ | / | I | | | APPROXIM BETWEEN ON | ATE INTERVAL SET AND DEATH |
| | 9 | 1121 | | IATE CAUSE (a | O, OR AS A | | Con | GES | TIV | ETT | EAR | 7/ | AILU. | RE | IN S | LEEP |
| | | | ny, which gave |) " | / | - | STIV | FY | LAL | URE | 7 | | | | OVE | R 2 YR |
| 1 | | | iate cause (a), derlying cause | DUE 1 | TO, OR AS A | | | h / | 1116 | - CICha | | 1/ | 7 | Λ | | |
| 1 | | last. | |) (0 | A | RTER | 10 Schi | EROS | 15 2 | GREB | RAL | VASCO | LART | KCIDE | W 19 | 66 |
| - | | PART 2. OTHER S | SIGNIFICANT CON | DITIONS CONT | RIBUTING TO | O DEATH BU | T NOT RELATE | TO THE TI | ERMINAL D | DISEASE OR | CONDITIO | N GIVEN IN | I PART 1(a) | | | |
| | NOI | 19a. DATE OF O | PEDATION | | 1106 | CONDITION | FOR WHICH O | DEDATION | | 100 | | | | | 20. AUTO | cvo |
| | CERTIFICATION | Tra. Dritt of o | - ENATION | | | WAS PERFO | | CONTON | | | | | | | YES [| |
| | AL CERT | 210. EXTERNAL O | CAUSE WAS R CONTRIBUTING | | ME OF INJUR OUR A.M. | Y Manth, Da | y, Yeor | 21c. HOW | INJURY O | CCURRED (Er | nter natur | re of injury | in Part 1 ar | Part 2, I | | 402 |
| | MEDICAL | CAUSE OF DEAT | Н | PLACE OF IN | P.M. | mo form - | 19 root | 216 10047 | ION Street | or R.F.D. No | | Cit | or Town | | County | CAA. |
| I | < | WHILE NO AT WORK AT WORK | OT WHILE | actary, office | | | 1861, | ZII. LOCATI | ION SHEET | UI K.F.D. NO | • | City | or Town | , | County | State |
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| | | | sulted fram: | _ | | | cident . | | | Hamicio | | | ermined i | | | my apmia |
| | | | Do | 9 | | | | 201010 | | IEF MEDICAL | , | | | | | |
| 1 | | ACTUAL SIGNATURE | Thely | be 6 | Vers | mai | 1 | | M.D. ASS | SISTANT MED | ICAL EXA | MINER [| | 22b. DATE | | |
| 1 | | EXAMINER'S | Phili | p W. H | โคบพอท | M.D | 127 | | | PUTY MEDICA | _ | - | D - 7 | | rch 2, 1 | 969 |
| 1 | 23.0 | NAME (Type) BURIAL, CREMA | | D W • II | Julian | | NE OF CEMETER | Y OP CPEA | | DKF22[21.66] | | | (City or Tow | | (Caunty) | (State) |
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| 1 | | FUNERAL DIRECT | OR | | | | ADDRESS | | i liè | 2Sa. REC | D BY REG | | | GISTRAR'S | SIGNATURE | dar. |
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MARYLAND STATE DEPARTMENT OF HEALTH



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| 1 | | | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, B | BALTIMORE, MARYLAND 21201 | |
| 8 | | 03949 | | CERTIFICATE OF DEAT | | 03943 |
| 4 -24 | | ECEASED-NAME First | Middle | Last | 2a. DATE OF DEATH | 2b. HOUR |
| 24 hours after death death to be in bree land 2 may 2 | , | Type or print) Jame | s George | Mest | Marth De | oy Yeor 146 M |
| Ta La | 3. S | EX | 4. RACE | 5 BACE OF BIRTHE | MARCH 2 | IE UNDER 1 YEAR IE UNDER 24 HRS |
| E A SA | | Mala | 1411 + | Marall | 8 102 6. AGE (In feats) | MONTHS DAYS HOURS MIN |
| E (X E | 7. | DISTIDLACE (Chairman I am | White | 10 Miles Cot | 1701 OYKS | |
| The state of the s | | BIRTHPLACE (State or fareign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | |
| 24 apper | | Md | U5. | WIDOWED DIVORCED | HARFORD | Md. |
| | 10. | CITY OR TOWN OF DEATH | | | USUAL OCCUPATION (Kind_of work done | 12b. KIND OF BUSINESS OR |
| E 55 | 1 | LAURE do Capo | ce dive street oddress) | lemoen L | no best of working life, even if retired.) | INDUSTRY |
| pletek fill carban p | 13a. | USUAL RESIDENCE (Where decea | sed lived, if institution: Residence befare | 13c. CITY OR TOWN 13d. INSIDE | CITY LIMITS? 13e. STREET AND NUMBER | remay |
| o ve cute | odm | ission) STATE M | 13b. COUNTY HOSEI | PORT DEPOSIT YES | | |
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| and and in any | 14. | FATHER'S NAME First | Migdle Last | 15. MOLDER'S MAIDEN NA | ME First Middle | Last |
| ficate be | | yosepu | N. Meci | e Huoda | p. Harns | 20 |
| ertificate b physician nen please naval, and i | 160 | WAS DECEASED WER IN U.S. AR | MED FORCES? 16b. SOCIAL SECURITY | NO. 17 INFORMANT | Address / | 1 7/11 |
| hys val, | | es, no of the land will will be | 1013-12-4 | 455 Auch 11. | Merk Var No | april Min. |
| eath certific anding phys mit. Then p ar remaval, | | 18. AAUSE OF DEATH (Enter or | nly one cause per line far (q), (b), and (c) | | | APPROXIMATE INTERVAL |
| ne death ce attending p permit. The | 13 | PART I. DEATH WAS CAUSE | D BY: | f - a ()-m | ento ad | BETWEEN ONSET AND DEATH |
| ne deatl attendi permit. ian, ar r | | 1 IMMEDI | ATE CAUSE (a) | ceao cerr | one come | |
| at a | | 0040 | DUE TO, OR AS A CONSEQUENCE OF | A 0. 1: | 7-5-6- | 1 Ada |
| the sit p | | Conditions, if any, which gave rise to immediate cause (o), | (b) Clut | e Caretas | 2 Decomplus | alon Julian |
| tho by ran | | stoting the underlying couse | DUE TO, OR AS A PONSEQUENCE OF | - // // 7 | - /) / . | 2 |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely fill the 3 shauld be detached far use as the burial-transit permit. Then please remave carbon ped with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within | | last. | (c) Acule | 2 lepopolali | e Klucemia | ? |
| phy. urign urign | | PART 2. OTHER SIGNIFICANT CO | NOTIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE | OR CONDITION GIVEN IN PART 1(a) | |
| n s n a b a b a b | | 15iVai | 10 00 V-n | of hand | (4) | |
| ar t | NO. | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS P | ERFORMED / 200. AUTOPSY? | med by the wind thinking | CONCIDENCE IN CENTURY |
| The law ratending attending has been se as the h priar ta | 2 | TVG. DAVE OF OTERATION | CONDITION FOR WHICH OFERATION WAS FI | -// | 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? | CONSIDERED IN CERTIFYING |
| a h a h | CERTIFICATION | O) ACCIDENT IN AC UNIDERLAND | | | | |
| ANN: | CALC | 21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE OF DEA | | 21c. HOW INJURY OCCURRED | (Enter noture of injury in Part 1 or Port 2, | Item 18.) |
| Pier in | MEDIC | (If either, notify medical exomi | | 9 | | |
| PHYSICIAN: 'Physicians or this certificate letached far us Dept. of Healt | M | 21d. INJURY OCCURRED 21e. | PLACE OF INJURY (AT HOME, FARM, STREET, FA | CTORY.) 21f. LOCATION Street or R.F.E | D. No. City or Town | County State |
| Phe he this De | | While Nat while at wark | OFFICE BUREDING, ETC. | | | |
| NG V the e d ate | | | is haspital) attended the deceas | ed from 3/24 | 1969, to 3/2-19 | hat (I) (we) last |
| A Pfl | | saw the deceased o | live an MARCH 250 | 1969 and that in (my) (aur) | apinian death accurred an the d | ate and have and from the |
| DR: | | causes stated abay | , (I) (we) (did) (did nat) view the | bady after death. | aprillation accorded an into a | are gird fider and from the |
| AT STATE OF | 14 | 22b. SIGNATURE | 0 1-1 | 1 | | DATE SIGNED |
| OR De r | | 1 | DAZE (2/488. | DEGREE PHYS. | MED. STAFF PHYS. | 3/24/69 |
| L D | | 22d. PHYSICIAN'S | 1 1 | 22e. ADDRESS | DIRECTOR TIME. | 7 7 9 |
| RA be | | NAME (Type) La | ward C Lor | o. MD Hay | re de Frace | (lind) |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta | 225 | DIRECT COCMATION A TOL | DATE 122- NAME OF | CEMETERY OR CREMATORY | Local location (trans- | 10000 |
| Short Short | 230. | BURIAL, CREMATION, 23b. | 120/16 25/14 | Carpellekt OK CKEMINOKY | 23d LOCATION (City for Tawn) | (County) (State) |
| 5-5-2 | 1 | July 3 | 20/0/ | goth Cemen | y sou region | cell ma. |
| VR A15 (4) | 29- | EUNERAL DIRECTOR | The Aporess | Tolland I h 25gt RE | / / / / / | S SIGNATURE |
| 45M - 1/690 | / | Te UNG | with Any. | ENTINE COLORRE | 3 1969 Jane | of Judge. |

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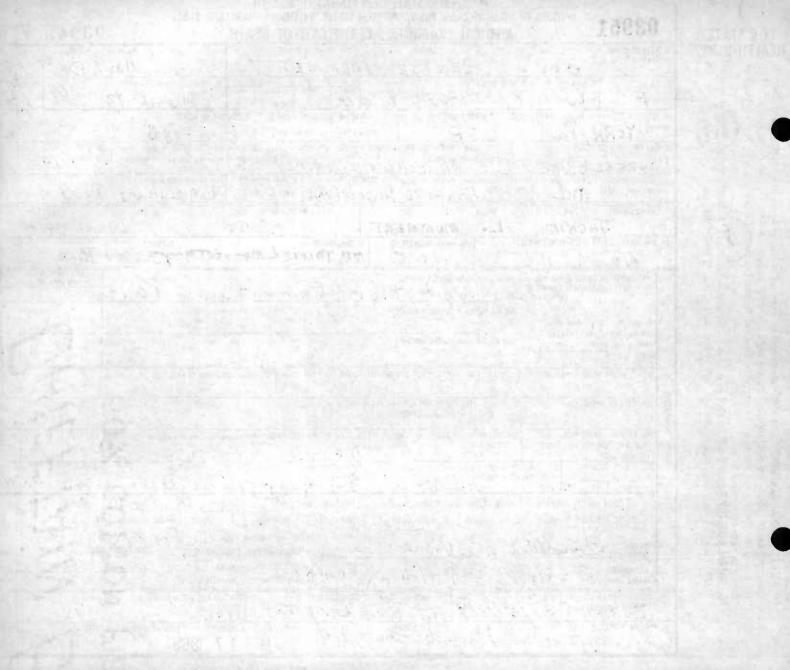
APA STEEL ST

| 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| STATE | MODICAL EVAMINED'S CEDTIFICATE OF DEATH | 2017 |
| H DERT. | 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy | Yeor 2b. HOUR |
| partment | MARVIN CARL MESSMAN DEATH MATED 18 3 - | 2-1960/ M |
| E | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month Male White April 8. 1920 48 YRS Yeor 69 2d. HOUR |
| | Male White April 8, 1920 48 YRS. 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH | 14 112AM |
| 2 5 | (country) W. Va. USA WIDOWED DIVORCED Harford | Md. |
| 99 | give street address) DOA during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | KIND OF BUSINESS OR USTRY Onstruction |
| with the State Departm eath | Havre de Grace Harford Memorial Hospital Bricklayer Co | onstruction |
| Ifter death | odmission) STATE Md. 13b. (OUNTY Harford Joppa YES NO 1902 Philadelphi | ia Road |
| affer. | 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle | Lost |
| | Howard C. Messman Eva Pearl | Lanham |
| n 72 haurs | 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESPORT CI 18c. no. or unknown WWII 236-18-7145 Jack L. Messman, 377 Westchester | hester, N.Y. |
| n 72 | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary occlusion | DETWEEN ONSET AND DEATH |
| outer transit permit. | 4109 DUE TO, OR AS A CONSEQUENCE OF | |
| eve | (Conditions, if ony, which gove) (b) (b) | |
| in all | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | |
| | | |
| 40 | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item) | 20. AUTOPSY? |
| 1 | THE CHIEF WAS DOLL THE OF HUMP MANA DOLL YES DOLL THE OF HUMP MANA DOLL YES | YES NO 🛣 |
| | | 10.) |
| | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town | ounty State |
| | WHILE NOT WHILE of foctory, office building, etc.) | |
| <u>,</u> | 22a. I certify that I taak charge af the remains described above, held an Autapsy, Inspection 🗷, Inquiry 📑 | and in my opinian |
| Health prior ta burial, crem | death resulted fram: Natural causes 🗷 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌 | |
| 2 | ACTUAL GORALD C Falmer CHIEF MEDICAL EXAMINER 22b. DATE SIGN | NED |
| prid | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINED A 3-3- | 01 |
| =2 | EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county) Bel Air, 1 | Md. |
| He | | unty) (Stote) |
| | Buriel Mar. 4.1707 Bel Air Memorial Condons | |
| and. | 24. FUNERAL DIRECTOR Howard K. McComas & Son, Abingdon, Md. 250. RECD BY REGISTRAR 25b. RECUENCE 25c. RECD BY REGISTRAR 25b. RECUENCE 25c. RECD BY REGISTRAR 25 | Judge |
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| FOR STATE | | 19391 | MEDI | CAL EXAMINER'S | CERTIFICATE OF DEAT | TH | 03945 |
| HEALTH DEPT. | | CEASED-NAME ype ar Print) | First | Middle | Last | 2a. DATE KNOWN Mani | th Day Year 2b. HOUR |
| ny delay is 2, and 3 to PM3. Page | , | S S | Y | DENISE | MUMMERT | OF ESTI- | 1319 9 /M |
| delay is and 3 to 3. Page ment of | 3. 5 | | S. DATE OF B | IRTH 6. AGE (in y | egrs IF UNDER 1 YEAR IF UNDER 24 H | ZC. DATE TROMOUNCED DEAD | C 2d. HOUR |
| ny delay 2, and 3 PM3. Pa | | FW | 8/3 | 0/1967 last birthdo | YRS. 7 | Monthy & repay | 13 Year 19 20. HOUR |
| 12,23 | | SIRTHPLACE (State or foreign | 7b. CITIZEN OF W | /HAT COUNTRY? 8. | MARRIED NEVER MARRIED 9. | COUNTY OF DEATH | |
| | cour | IN YORK Pa | U | SA | WIDOWED DIVORCED | HARFORD | Md |
| haurs after death Item 18. Give Pages 1, Office alang with farm and 2 with the Sate of | 10. (| ITY OR TOWN OF DEATH | | NAME OF HOSPITAL OR INSTITU | JTION (If not in haspital 12a. USUA | L OCCUPATION (Kind of work don- | e 12b. KIND OF BUSINESS OR |
| after death 3. Give Paga alang with with the Sa | H | JUREDE GRAC | E | street address) FURD | | ast of working life, even if retired. | INDUSTRY NONE |
| s after 18. Gives alang 2 with death | | USUAL RESIDENCE (Where de | | | | THE THEFT | |
| 18. 18. de de | 0 | Imissian) STATE Md | 13b. COUNTY | HARFORD HA | VRECEGRACE YES THO | 3 929 QUARR | Y KOAD |
| haurs Item 18 Office Ignd 2 | 14. F | ATHER'S NAME First | Midd | le Last | | irst Middle | Last |
| 4 ch 10 h | | JACKIE | E L. | MUMMERT | NAN | CY (NMI) | CUNNINGHAM |
| hin 24 haurs ncil in Item 1. pirrer's Office pages 1 and 2. Itours after of | 16a. | WAS DECEASED EVER IN U.S. ARM | ED FORCES? giye war or dates of service) | 16b. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS | 7 |
| I within in pencil i Examiner Examiner File page | 1. | es, na, ar unknawn) (If yes | V C | NONE | MR. JACKIEL ML | MMERT 929 OUAR | |
| ed in in in in in | | 1B. CAUSE OF DEATH (Enter | anly one cause per | line far (a), (b), and (c).) | - | PI | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| rauld be executed word "pending" in the Chief Medical E rial-transit permit. F any event within | | PART I. DEATH WAS CA | USED BY: EDIATE CAUSE (a) | Ng Est1 | or Furni | tu 1- e 1 a 1 | 154 |
| M W | | 86 X | | R AS A CONSEQUENCE OF | | | |
| be "p | 13 | Canditians, if any, which gav rise to immediate cause (a | | | | | |
| shauld be exo word "pend the Chief Me urial-transit po | | stating the underlying caus | | OR AS A CONSEQUENCE OF | | | |
| | | last. | (c) | | | | |
| d + te | 10 | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBU | TING TO DEATH BUT NOT RELA | TED TO THE TERMINAL DISEASE OR CON | DITION GIVEN IN PART 1(a) | |
| iffica iting ardec ardec d as | NO | | | | | | 12 THE 1 A 73 |
| wr wr used | CAT | 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH WAS PERFORMED? | OPERATION | | 20. AUTOPSY? |
| ER: This certificate, writing auld be farwares. es. hould be used ian, ocremaval | CERTIFICATION | Ol ENTERNAL CAUSE MAR | latt vius o | | Tax many many accordance of | | YES NO D |
| ulNER: The certifice should be files. 3 should brides. | | 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION | G HOUR | | 21c. HOW INJURY OCCURRED (Enter | | |
| NER cer hau iles. sho sho sho | MEDICAL | CAUSE OF DEATH | | At hame, farm, street, | 2 If. LOCATION Street ar R.F.D. Na. | | Polish |
| | 2 | | factory, affice build | ing, retc.) | As an an | City or Town | Caunty |
| DEPUTY DICAL EXAMINER: seessary, please execute the certiful te funeral director. Page 4 shauld may be retained far yaur files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation, | | | | MONE | | | rucky octo 44 |
| AL for | | | | | bave, held an Autapsy, | Inspection , Inquiry | |
| se esto ined ined ined | | death resulted fram | : Natural ca | uses , Accident | | | |
| please director retainer or ta b | | ACTUAL M | 1111 0 1 | o Danes | CHIEF MEDICAL EXA | | Tir, my |
| JTY SICA SICA SICA SICA SICA SICA SICA SICA | | SIGNATURE SIGNATURE | un (// | alvie | M.D. ASSISTANT MEDICAL | EXAMINER 220. DI | 13-69 |
| FP fun day | | EXAMINER'S G-E | T1/1 | 1 Polnx | DEPUTY MEDICAL E. | XAMINER (A) | 13-6/ |
| necessary, please extremental director. 5 may be retained 6 FUNERAL DIRECTOR Health prior to bur | 220 | | 3b. DATE | 220 NAME OF CEME | | 23d. LOCATION (City or Town) | (County) (State) |
| 1 - 1 - 2 - | 230 | menamental to if t | 3/15/19 | 169 MT RE | SE CEMETERY | YAPP | (County) (State) |
| | 24 | FUNERAL DIRECTOR | 1011 | ADDRESS | | REGISTRAR 25b. REGISTRAL | R'S SIGNATURE. |
| VR A15ME (5) 10M REV. 1/68 | 0 | ennyton. | Han, I | Jave de ADDRESS | DATE MAR | 1001 | arles Judge. |
| IUM KEV, 1/00 | - | | / | | | Y I IOOP I | // |

MAKTLAND STATE DEPARTMENT OF HEALTH



Brinch brumming 1 weeks March Ste Ste Contract Philadel morning & sort infalling 14-11-E 14-11-E RAW - E TO THE PARTY OF THE PAR THE WINDS A STREET OF THE PROPERTY OF THE PROP Educated television spile was a manage morph and the contract of the

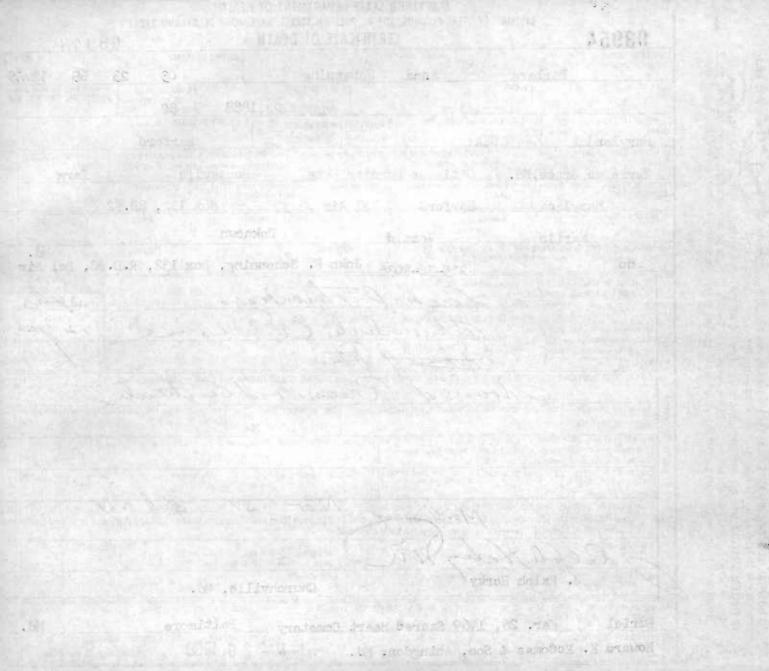
| 11_1 | 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|---------------|--|---|
| / | | 03953 CERTIFICATE OF DEATH 035 | 947 |
| £ 675 | 1. D | DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type ar print) Month Doy Ye | gr 2b. HOUR |
| \$ (19 | | DAUID FIMEY PLODERIS MARCH 8 19 | 69 3.15M |
| offer death | 3. 5 | | YEAR IF UNDER 24 HRS. OAYS HOURS MIN. |
| haurs S. Poort | 7o. | BIRTHPLACE (State or foreign 7b (ITIZEN OF WHAT COUNTRY? 8 MARRIED THE MENTER MARRIED THE MARRIED THE MENTER MARRIED THE MARRIED | |
| pers. | | Penna. WIDOWED DIVORCED HARFORD | Md |
| | H | THURE Le Grace Give street address) HARFORD Momerial Hosp Service Station Attd. Se | ND OF BUSINESS OR TRY rvice Sta |
| ate be executed with itian and campletely lease remave carban and in any event, will | 13o. adm | o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mission) STATEMBRY (and 13b. COUNTY Harford Forry man YES NO Deli | very |
| oe execute and camp remave in any eve | 14. | FATHER'S NAME First Middle Lost M. MOTHER'S MAIDEN NAME First Middle David R. Roberts (D) Lillian Carr | (D) |
| ian classe | 160 | David R. Roberts (D) Lillian Carr 50. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address | (D) |
| ertificate by physician nen please noval, and i | | Yes, no Nortunknown) | and |
| ng p The | | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | PPROXIMATE INTERVAL WEEN ONSET AND GEATH |
| he death ce a attending p permit. The tian, ar remo | | IMMEDIATE CAUSE (6) | 3 120 |
| t the of the att per nation | | Conditions, if ony, which gove) | 0 |
| hat n. sy th ansi | H | rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| equires that the physician. signed by the burial-transit proburial or the burial or the purial or th | | lost. (c) | |
| requi g phy n sign e bur a bur | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) | |
| TENDING PHYSICIAN: The law requires that the death certificate be executed within ined by the haspital or attending physician. 78. After this certificate has been signed by the attending physician and campletely fill aud be detached far use as the burial-transit permit. Then please remave carban part the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within | CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED YES NO 20c. AUTOPSY? | IN CERTIFYING |
| CIAN: 1 bital or tificate d far us af Healt | MEDICAL CER | | |
| D HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspi of FUNERAL DIRECTOR: After this certi directar, page 3 shauld be detached should be filed with the State Dept. at | ME | While Not while of work of work | Stote |
| DING by t After be o Stati | | 220. I certify that (I) (this haspitol) attended the deceased from 3-7, 1969, to 3-8, 1969, saw the deceased olive on 3-8, ond that in (my) (our) opinion death occurred on the date and h | that (I) (we) last |
| R ATTENC retained recTOR: A 3 shauld with the | | (did natiview the bady offer death. | |
| OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detac led with the State Dep | | 226. STGNATURY DEGREE ATTENDING DIRECTOR DIRECTOR PHYS. 22c. DATE SIGN | E/C4. |
| TAL O nay be AL DI page page e filec | | 22d. PHYSICIAN'S 22e. ADDRESS | 210 |
| O HOSPITAL Page 4 may O FUNERAL directar, pageshould be file | 00 | Horman Borgor, 1113. | |
| TO HOSPITAL Page 4 may fo FUNERAL i directar, page should be file | 230 | Mar. 69 Deer Creek Neth. Cemetery. Forest Hill, Mar | yland |
| VR AIS | | 4. FUNERAL DIRECTOR 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Tarring Tuneral Home Abardson 200 21001 Date MAR 1 1969 | Judge |
| 30M REV. 1760 | | Tarring Funeral Home. Aberdeen, Md. 21001 DATE MAR 1 1 1969 | / 0 |

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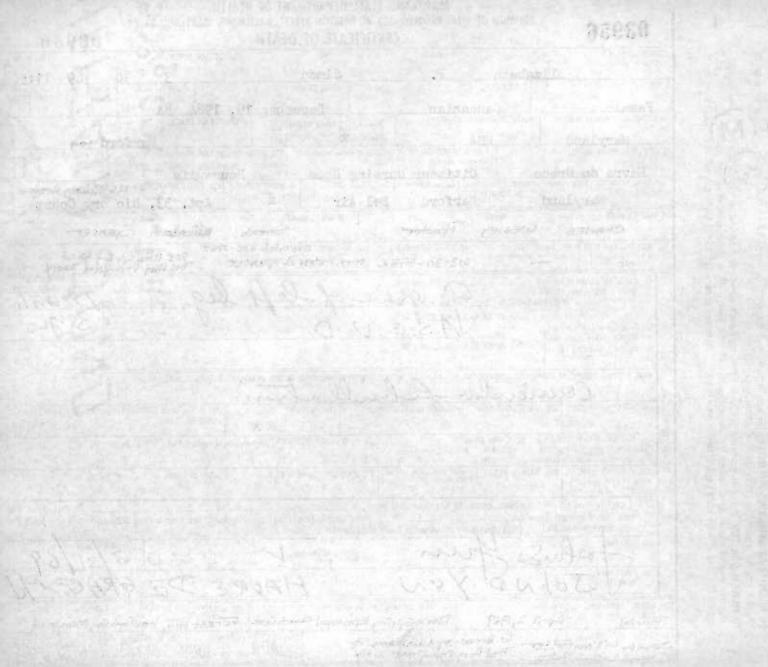
| | 03954 | | 301 W. PRESTON STREET, BALTI ERTIFICATE OF DEATH | | 3948 |
|--|---|---|---|---|--------------------------|
| 2 | 1. DECEASED-NAME Fir | | Lost | 20. DATE OF DEATH | 2b. HOUR |
| ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and compterely filled in by the treeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 yith the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 hours after death | (Type or print) | rbara A nna | Schenning | Month Day 23 | Vace |
| | 3. SEX | 14. RACE | S. DATE OF BIRTH | 6. AGE (In years | 15 12:45 |
| # 184 | | | | last hirthday) | MONTHS DAYS HOURS MIN |
| ris de la constant de | Female | Caucasian | August 22,1 | | |
| hau S. hou | 7o. BIRTHPLACE (State or fareign cauntry) | 7b. CITIZEN OF WHAT COUNTRY? | HANKIED HETEK MAKKIED | 9. COUNTY OF DEATH | |
| 24 in per 72 | Maryland | USA | WIDOWED DIVORCED | Harford | M |
| ili eli eli eli eli eli eli eli eli eli | 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR INS | TITUTION (If not in haspital 12a. USUA | L OCCUPATION (Kind of work dane | 12b. KIND OF BUSINESS OR |
| \$ 55.39/ | Havre de Grac | e.Md. Citizens N | ursing Home | ost of working life, even if retired.) Housewife | INDUSTRY farm |
| T in column to the | 13a. USUAL RESIDENCE (Where dece | ce_MdCitizens_N ased lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LI | MITS? 13e. STREET AND NUMBER | |
| E e s e s e s e s e s e s e s e s e s e | admissian) STATE Marylar | 13b. COUNTY Harford | Bel Air YES NO | Box 132, RD.# | 12 |
| o p Suc | 14. FATHER'S NAME First | Middle Last | IS. MOTHER'S MAIDEN NAME FI | | Last |
| e re | Marti | n Wessel | ** | nown | |
| cion | 16a. WAS DECEASED EVER IN U.S. A | RMED FORCES? 16b. SOCIAL SECURITY N | O. 17. INFORMANT | Address | Md. |
| signed by the attending physicion and compterely filled in by the burial-tronsit permit. Then please remove corbon popers. Paburial, crematian, or removol, and in any event, within 72 hours | Yes, no, or unknown) (If yes giv | e war or dates of service) | John E Cohann | ing, Box 132, R.D | .#2. Bel Air |
| her | IR CALISE OF DEATH (Enter | anly ane cause per line far (a), (b), and (c).) | 20 | 3,,, | APPROXIMATE INTERVAL |
| din rer | PART 1. DEATH WAS CAUS | SED BY: | DIthon la | | BETWEEN ONSET AND GEATH |
| rmi , or | 412, IMMEE | DIATE CAUSE (a) _ Cluena | + pourmetts | | agres |
| tian | Canditians, if any, which gave | DUE TO, OR AS A CONSEQUENCE OF | 0-0-0121 | | 12 400 |
| th usit | rise to immediate cause (a) | 0 0000 | couract CV x | sue | 1-1-1 |
| tro tro | stating the underlying coust | DUE TO, OR AS A CONSEQUENCE OF | 1 Steller | | |
| <u>.</u> | last. | (c) Control Ces | 1 June | | |
| por | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEATH BUT NO | | ONDITION GIVEN IN PART (a) | |
| should be filed with the State Dept. af Heolth prior to | NO | Cedoanog | Theumelong | 1 culticul | |
| 2 4 | 190. DATE OF OPERATION 19 | b. CONDITION FOR WHICH OPERATION WAS PER | FORMED 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS CO | DNSIDERED IN CERTIFYING |
| -2 | 190. DATE OF OPERATION 191 | | YES NO 🔀 | | |
| | | ING 21b. TIME OF INJURY HOUR A.M. Manth Day Year | 21c. HOW INJURY OCCURRED (Enter | noture of injury in Part 1 or Part 2, I | tem 18.) |
| | (If either, natify medical exar | niner) P.M. 19 | Calculation and the second | | |
| | - I ZIG. INJUKT UCCUKKED 1 ZI | e. PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. | ORY.) 21f. LOCATION Street at R.F.D. No. | City ar Town | County State |
| | at work at work | | | | |
| | 22a. I certify that (I) (t | his haspital) attended the decease | d fram 19 s | 17, to Marke: 19 | 69 , that (1) (we) las |
| D | saw the deceased | his haspital) attended the decease alive an | and that in (my) (our) apir | nian death accurred an the da | e and haur and fram th |
| | causes stated abay | ve, (I) (we) (d id) (did not) (iew the b | ody after death. | | |
| 7 | 22b. SIGNATURE | 0 4 1 1 | ATTENDING M | FD STAFF 22c. D | PATE SIGNED |
| | ytelle | without the | | ED. STAFF PHYS. | |
| 9 | 22d PHYSICIAN'S NAME (Type) F | alph Horky | 22e. ADDRESS | 17 20 | |
| 6 | NAME (Type) | | Churchvi: | Lie, Md. | |
| 1 | 23o. BURIAL, CREMATION, 23b | DATE 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION (City or Tawn) | (Caunty) (Stote) |
| | REMOVAL (Specify) Burial | lar. 26. 1969 Sacred | Heart Cemeter | Baltimore | Md. |
| 141 | 24. FUNERAL DIRECTOR | lar. 26, 1969 Sacred | 2So. REC'D BY | REGISTRAR 25b. REGISTRAR'S | SIGNATURE |
| (1) (1) (1) (1) (1) | Howard K. Mc(| Comas & Son, Abingdo | n, Md. DAMAR | REGISTRAR 2Sb. REGISTRAR'S S | les Judges |

MARYLAND STATE DEPARTMENT OF HEALTH

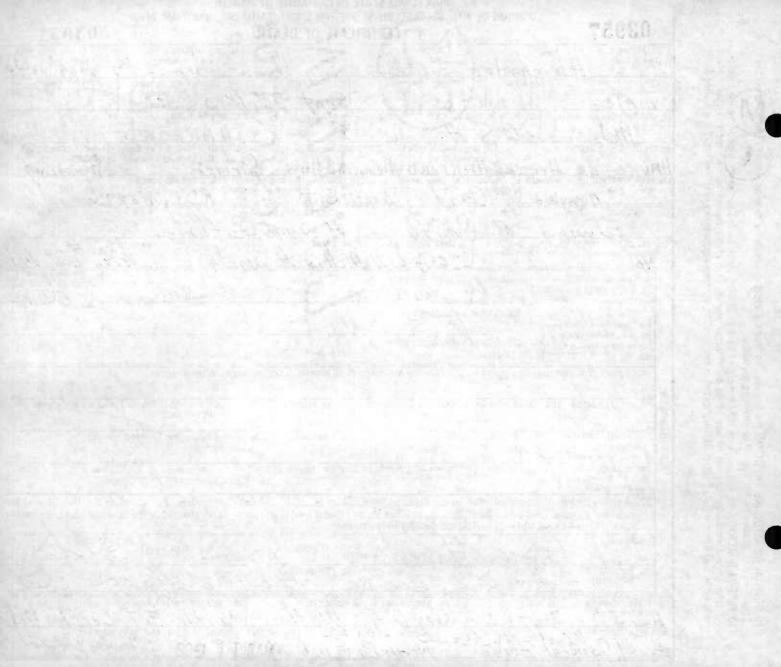


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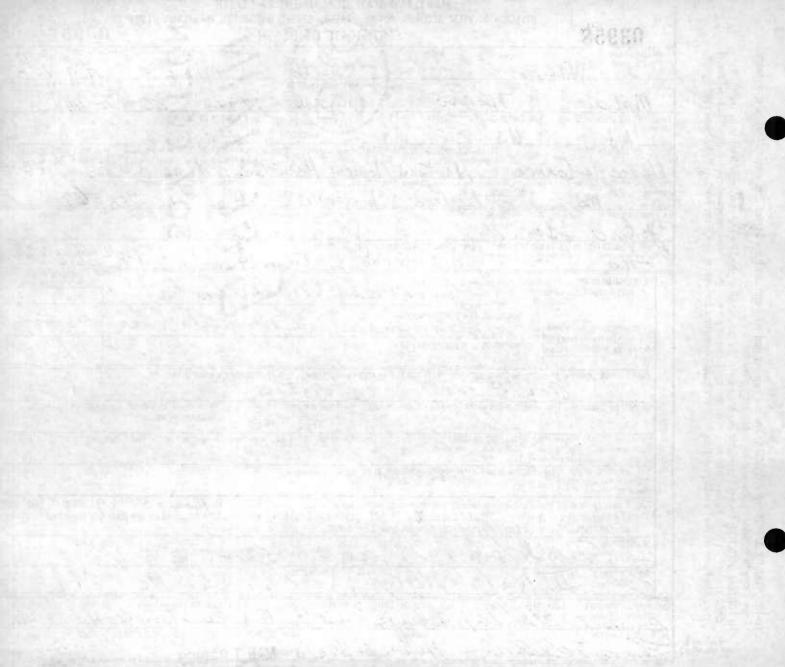
| 1 1 | 00000 | | ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAL | | |
|---------------|---|--|--|---|--|
| | 03956 | | CERTIFICATE OF DEATH | | 03950 |
| | DECEASED-NAME First (Type or print) | Middle | Lost | 20. DATE OF DEATH | 2b. HOUR A |
| | Eliz | abeth P. | Simon | Month Doy 3 | 69 11:50M |
| 3. S | SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (In yeors lost birthdoy) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN |
| | Female | Caucasian | December | 19. 1984 84 YRS. | MONTHS ONTS HOURS MIN |
| con | Meryland | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. COUNTY OF DEATH Harfor | rd Co., Md. |
| | CITY OR TOWN OF DEATH | give street oddress) | during | JAL OCCUPATION (Kind of work done nost of working life, even if retired.) Housewife | 12b. KIND OF BUSINESS OR INDUSTRY |
| 130. | USUAL RESIDENCE (Where deceose | Citizens d lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY | LIMITS? 13e. STREET AND NUMBER 126 | h Week ore William |
| odm | nission) STATE Maryland | 13b. COUNTY Harford | Bel Air | 10 Apt. 33, Hie | kory Court |
| 14. | FATHER'S NAME First | Middle Lost | 15. MOTHER'S MAIDEN NAME | First Middle | Lost |
| | | WESLEY Proctor | Sara | th Elizabeth Sp | ENCEL |
| 160 | Yes, no, or unknown) (If yes give wo | D FORCES? r or dates of service) 16b. SOCIAL SECURITY 3-30-8 | | 0 7001033 | ing Road |
| _ | | | | BEI Air Tha | APPROXIMATE INTERVAL |
| | PART I. DEATH WAS CAUSED | one couse per line for (a), (b), ond (c) BY: | on of Pol | A los | BETWEEN ONSET AND DEATH |
| | IAI 3 / IMMEDIAT | E CAUSE (0) Jange | | ecg | 170116 |
| | Conditions, if ony, which gave) | DUE TO, OR AS A CONSEQUENCE OF | 9110 | V | 5 grs |
| | rise to immediate couse (o), | (b) VA.S. | 0. 0 | | 0 |
| | stating the underlying couse | DUE TO, OR AS A CONSEQUENCE OF | | | |
| | manus. | (c) | TOT DELATED TO THE TERMINAL DISEASE OF | COMPITION COVER IN DARK 1/) | |
| | (hills | THORS CONTRIBUTING TO DEATH BUT I | OT RELATED TO THE TERMINAL DISEASE OR | COMPITION GIVEN IN PART 1(0) | |
| NOI | 190. DATE OF OPERATION 19b. CO | ONDITION FOR WHICH OPERATION WAS P | forthaller allen | Just he are made this mos co | DISTRICT IN CONTINUE |
| FICA | 170. DATE OF OFERATION 170. C | ONDITION FOR WHICH OPERAMON WAS P | | 20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? | INSIDERED IN CERTIFYING |
| CERTIFICATION | 21o. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | YES NO NO | | 10) |
| | OR CONTRIBUTING CAUSE OF OEATH | HOUR A.M. Month Doy Year | ZIC HOW INJURY OCCURRED (Ente | er noture of injury in Port 1 or Port 2, It | em 18.) |
| MEDICAL | (If either, notify medical examine | er) P.M. | 9 | | |
| | 21d. INJURY OCCURRED 21e. P While Not while of work | CACE OF INJURY (AT HOME, FARM, STREET, F/ | (CTORY.) 21f. LOCATION Street or R.F.D. No | o. City or Town | County Stote |
| | 22o. I certify that (I) (this | hospital) attended the deceas | ed from, 19_ | , to, 19_ | , that (I) (we) last |
| | saw the deceased oli | ve on | 19, and that in (my) (our) op | inion death accurred an the dat | e and hour and from the |
| | 22b. SIGNATUR | (I) (we) (did) (did nat) view the | body after death. | | 1 |
| | 220. SIGNATURE | Jun | DEGREE PHYS | MED. STAFF DIRECTOR PHYS. D | ATE SIGNED |
| | 22d. PHYSICIAN'S | | DEGREE PHYS. | DIRECTOR LI PHYS. LI | 131/67 |
| | NAME (Type) Oh | ND YYN |) KTA | 1RE DE 61 | RACEMI |
| 230 | . BURIAL, CREMATION, 23b. DA | ATE 23c NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (County) (State) |
| | DEMONIAL IC | | pring Episopal Church CEN | TOCECLUS HOLD | (County) (Stote) |
| 24. | FUNERAL DIRECTOR | ADDRES! | 250 REC'D | BY REGISTRAR 25b. REGISTRAR'S S | |
| 2 | ioseph william 1-0ste | BEL Air MAMIN | DATE API | | La Quesa |



| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH | |
|------|-----------------------------------|--|---|
| | 00000 | | |
| | 03957 | CERTIFICATE OF DEATH | 03951 |
| | | Middle Last 2a. DATE OF DEATH | 2b. HOUR |
| L' | He) | cander Suthrie Smith march 7 | 1969 11:3cm |
| 3. S | EX | 4. RACE S. DATE OF BIRTH 6. AGE (In years | FUNDER I YEAR IF UNDER 24 NRS. ONTHS OAYS HOURS MIN. |
| | male | White Dept. 2011000 5-8 YRS. | ONTHS ONTS HOURS MIN. |
| | | MAKKIEU NEVER MAKKIEU | |
| | md. | | Md. |
| 11 | , 1 N | 11. NAME OF HOSPITAL OK INSTITUTION (If not in haspital give street address) A during grast of working life, even if retired.) | 12b KIND OF BUSINESS OR INDUSTRY |
| | | ACE HARTORD Memorial Hesp. Jarmer | Jarming |
| | | 13H COLINTY O | , , |
| 14. | FATHER'S NAME First | COT WERINARY - INDITION | Last |
| | Flynnd | B Smith Hayen Cuthing | LUSI |
| 160 | . WAS DECEASED EVER IN U.S. ARM | ED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT Address | DHI. |
| | (If yes give w | | The Fast md. |
| | 18. CAUSE OF DEATH (Enter on) | y one cause per line for (a) ((b) and (c)) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED | BY: Que les on the gold. | + dass |
| 1 | 4/24 | DUE TO, OR AS A CONSEQUENCE OF | 0 |
| | Canditians, if any, which gave | (b) A.S.C.V.D. | 7 |
| | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE OF | |
| | | (t) | |
| | PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| NO | 10- DATE OF ODERATION 10h (| CONDITION FOR MULICUL OPERATION WAS DEPENDED. 20. AUTODOVO. 2011 TO VEG HEEDT FINISHINGS CON- | ICIDEDED IN CEDENTIALS |
| FICA | 170. DATE OF OPERATION 170. V | CANCEC OF DEATING | ISIDEKED IN CEKTIFTING |
| GRI | 21a. ACCIDENT WAS UNDERLYIN | | m 18) |
| 3 | | HOUR A.M. Manth Day Year | |
| WED | 21d. INJURY OCCURRED 21e | PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town | Caunty State |
| Н | at wark of wark | TOPHE BOILDING, EIC. | |
| | 22a. I certify that (I) (thi | s haspital) attended the deceased fram $3-4$, 19 69 , ta $3-7$, 19 69 | 9, that (I) (we) last |
| | saw the deceased al | ive an \(\subseteq \subseteq \), and that in (my) (aur) apinian death accurred an the date (1) (we) (did) (did not) wind the hady after death | and haur and fram the |
| | 22b. SIGNATURE | 72c DA | TE SIGNED |
| | The | DEGREE PHYS. DIRECTOR DIRECTOR PHYS. | 18169. |
| - | 22d. PHYSICIAN'S | 22e. ADDREGS | 0 11 1 |
| | 1-00 | wash c. Loo, MU Truve the grad | e, and. |
| 23a | BURIAL, CREMATION, 23b. [| DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) | (Caunty) (State) |
| 24 | 301191 | 10 10 May VIEW METH NOTTH FOR | CNATHER ING. |
| 24. | + Court | House North Fast M. DATE MAR 1 1 1969 William | la Cudala |
| | 7a. 5 7a. 13a. adm 14. 16a. | (Type ar print) 3. SEX 7a. BIRTHPLACE (State ar fareign country) 10. CITY OR TOWN OF DEATH 13a. USUAL RESIDENCE (Where decease admission) STATE 14. FATHER'S NAME 16a. WAS DECEASED EVER IN U.S. ARM Yes, pa, ar unknawn) 18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED IMMEDIA Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. (If either, notify medical examin 21d. INJURY OCCURRED 21e. While at work of work 22a. I certify that (I) (this saw the deceased all causes stated above 22b. SIGNATURE 22a. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. TEMOVAL (Specify) 23b. EMOVAL (Specify) 23c. BURIAL, CREMATION, 23b. TEMOVAL (Specify) 23c. BURIAL, CREMATION, 23b. TEMOVAL (Specify) 23d. BURIAL, CREMATION, 23b. TEMOVAL (Specify) | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH (Type or print) A CERTIFICATE OF DEATH (Type or print) A SEX A RACE S. DATE OF BIRTH S. DATE OF BIRTH DAY DEATH AND DAY DEATH TO BURTHPIACE (Stotp or foreign 75. UTIZEN OF WHAT COUNTRY? B. MARRIED MVORKED NOVERED 10. COUNTY OF DEATH WIDOWED NOVERED 120. COUNTY OF DEATH HAVE OF DEATH TO TOWN OF DEATH THE STREET AND NUMBER 100. CUTY OR TOWN OF DEATH THE STREET AND NUMBER 101. LOST OF TOWN OF DEATH THE STREET AND NUMBER 102. CUTY OR TOWN OF DEATH THE STREET AND NUMBER 103. CUTY OR TOWN TO TOWN OF DEATH THE STREET AND NUMBER TO THE STREET AND NUMBER Address: PY Yes, Do, or unknown (If the country or disense before to the street of |



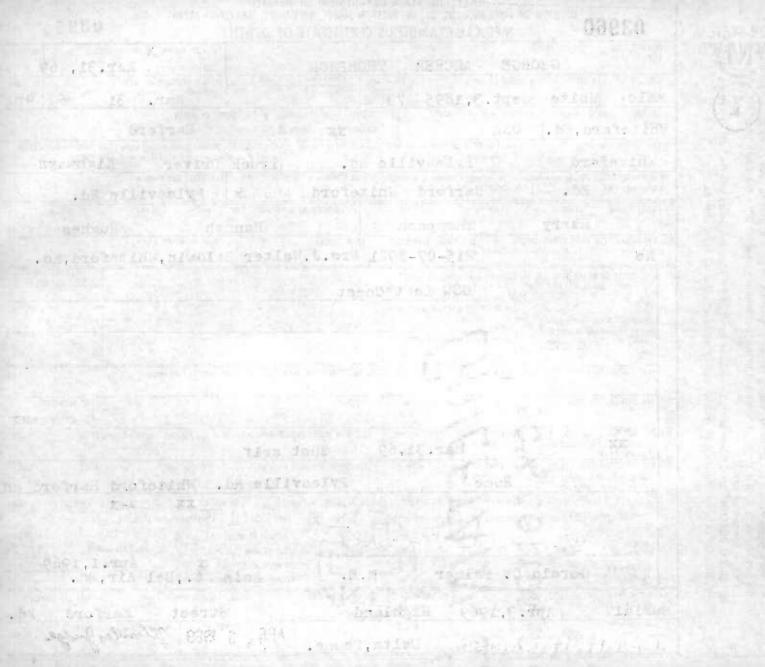
MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03952 03958 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR within 24 hours after death. (Type or print) 30 Month 6. AGE (In years lost birthday). 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 NRS MONTHS I DAYS NOURS nea 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED | NEVER MARRIED country) .⊑ WIDOWED DIVORCED [filled burial, cremotion, or removal, and in any event, within ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) campletely f remove torbon 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE 13b. COUNTY YES NO [TARFORD 14. EATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First and requires that the death certificate be WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give wor or dotes of service) Yes, no, or unknown) -05-0008 attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A RONSEQUENCE OF Conditions, if ony, which gove to signed by the burial-transit p the rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **D FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Heolth prior to TENDING PHYSICIAN: The low 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F Page 4 may be retained by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram (I) (1957), ta Mach 8, 1969, that (I) (we) last saw the deceased alive an Mach 8, 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 30M REV.



| | , | | | | ND STATE DEPARTMENT OF | | |
|---|--|---------------|---|---|---|--|---|
| i | 1 | | 03959 | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, BAI | | 03953 |
| | | | | | CERTIFICATE OF DEATH | | 03333 |
| | ah. | | ECEASED-NAME First (ype ar print) | | lost | 20. DATE OF DEATH Month Da | 2b. HOUR |
| | dec dec | | noy | Christopher | STRONG | Maech 17 | 1969 / PM |
| | e fues l | 3. S | X N | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years last birthday) | FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
| | y th Pag | 1/4 | TALC | WhiTe | MARCH 16, | 1969 - YRS. | 23 55 |
| | hau hau | /o. | 8IRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | |
| | thin 24 haurs after death. filled in by the funeral pages. Pages I and 2 ithin 2 thours after death. | 10 | TITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR | WIDOWED DIVORCED NST)TUTION (If not in hospital 12a. US | HARF-OR d | Md. |
| | · 青 | 10. | 1 / | give street oddress) | M . // Justine | most of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY N/A |
| | on with carban carban with | 130 | AURC de (o en a | sed lived, if institution: Residence before | TEMBERAL TOOL | / | N/A |
| | ute de la | adm | issian) STATE | 13b. COUNTY | | NO BE RELEASE PA | 2 |
| | e-executed and cemple of the c | 14. | FATHER'S NAME First | Middle Last | 15. MOTHER'S MAIDEN NAME | First Middle | Lost |
| | in G | | Jasoph | & Stew | a Til Elizabet | & A ROUNN | 1031 |
| | e death certificate b attending physician permit. Then please an, ar remaval, and i | 160 | WAS DECEASED EVER IN U.S. AR | | | Address | |
| | hysi n pl val, | | (es, no, or unknown) (If yes give | war or dates of service) N/A | Joseph Roy | y Strong III, Aber | rdeen. Md. |
| | cer The p | Г | 18. CAUSE OF DEATH (Enter or | nly one cause per line for (a), (b), and (| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | ndir nit. ar re | | PART I. DEATH WAS CAUSE | D BY: ATE CAUSE (a) | aturity - 264 | de gestatum. | |
| | atte oern an, (| | 7691 | DUE TO, OR AS A CONSEQUENCE C | F | | |
| | t th the sit p | | Conditians, if ony, which gave rise to immediate couse (o), | | unes Rueston 17 | membrans: | |
| | tha an. by rran cren | | stating the underlying cause | | F | | |
| | aquires that the physician. signed by the burial-transit i burial, cremati | | lost. | (c) | V | | |
| | sign bur | 3 | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE O | R CONDITION GIVEN IN PART 1(a) | |
| | The law reattending has been se as the h priar ta | NO | TO DATE OF ORDATION TO | CONDITION FOR LINES OF STREET | Taranara Las Auraca | Low or use were submission | |
| | ds b as b price | FICAT | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS | | 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH? | CONSIDERED IN CERTIFYING |
| | The art att | CERTIFICATION | 21a. ACCIDENT WAS UNDERLYII | NG 21b. TIME OF INJURY | YES NO [| iter nature af injury in Part 1 ar Part 2, | 14 10.3 |
| | IAN ficat for for for | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. Manth Day Yes | IT . | iter nature at injury in Part I at Part 2, | ITEM 18.) |
| | aspiration of the different of the diffe | MEDICAL | (If either, notify medical exami | | 19 ACTORY.) 21f. LOCATION Street or R.F.D. N | No. City or Tawn | County State |
| | PH) his his etac Dep | | While Nat while at work of wark | OFFICE BUILDING, ETC. | 7 211. COCATION SHOOT GI K.I.D. I | to. City of Town | County |
| | NG V th V th e de ate | | | nis baspital) attended the decea | sed from MARC 6 16. 19 | 69 to MARI 61719 | 6 9 that (1) (we) last |
| | Affin | | saw the deceased o | alive an March 17 | sed fram /// APCh 16, 19. 1969, and that in (my) (aur) a | pinian death accurred an the do | ate and haur and from the |
| | Son dans dans dans dans dans dans dans dan | | | e, (I) (we) (did) (did nat) view th | e bady atter death. | | |
| | R A A RECI | | 22b. SIGNATURE | XIII | DEGREE PHYS | ANTEU. STAFF | DATE SIGNED |
| | Dilled | | 22d. PHYSICIAN'S | 1 percon | DEGREE PHYS. 22e. ADDRESS | DIRECTOR PHYS. | 3/1/6/ |
| | RAIL Pope | | | derick Hatema M. | | de Grace, Mary | land |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and empletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 2 hours after death. | 23a | | | F CEMETERY OR CREMATORY | 23d. LOCATION (City or Tawn) | (Caunty) (State) |
| | Pag O Pag | | BELLEVILLE 15 15 1 | | rd Memorial Garden | | ford Co.) Md. |
| | | | FUNERAL DIRECTOR | ADDRES | | BY REGISTRADES 256 MEGISTRARY | |
| | VR A15 (4) | | Tarring Funers. | l Home, Aberdeen, | Md. 21001 DATE | 13 1000 | U |

C FESSI The same of the sa Charles of Containing St. Containing the Containing Con Boyent 10 10 100. Se . Maryout Present No decime Abordoup, Courteed to 1 20.

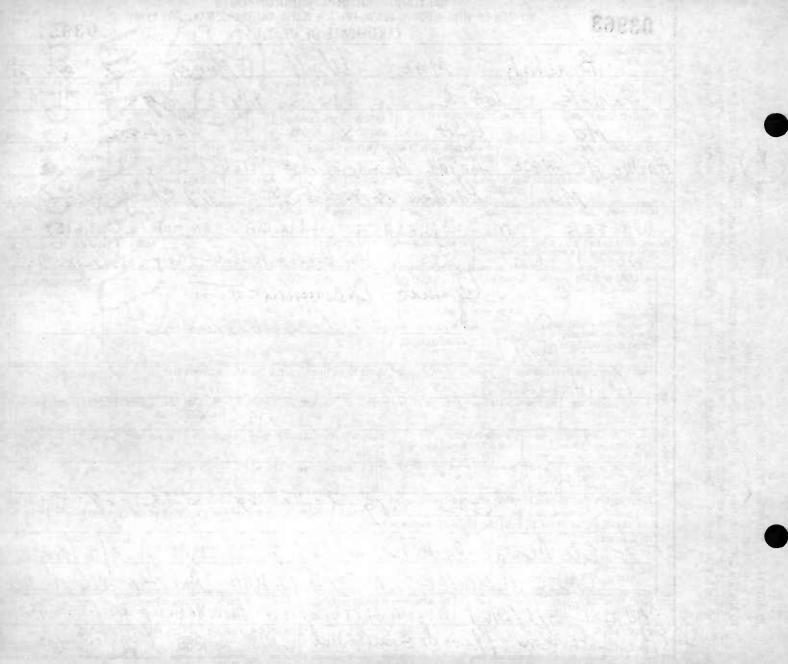
| | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|---|--|--|
| FOR STATE | 03960 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 03954 |
| HEALTH/DIPT. | MEDICAL EXAMINER S CERTIFICATE OF DEATH | |
| » division | (Type or Print) | ay Year 2b. HOUR |
| 300 | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in yours if under 1 YEAR if under 24 HRS 2c. DATE PRONOUNCED DEAD | 31, 1969 M |
| deloy | last birthday) Months DAYS HOURS MIN. Month Day | Year 1969 4p M |
| e Part | 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | 1404 LAW |
| -50 | WWiteford, Md. USA WIDOWED DIVORCED Harford | Md |
| oge oge th fa | 10. CITY OR TOWN OF DEATH [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12 | b. KIND OF BUSINESS OR |
| hin 24 hours ofter death nicil in Item 18. Give Poges niner's Office along with fapages land 2 with the State hours after deoth. | Whiteford give street olders wille Rd. Truck Driver if retired.) H | lghways |
| s ofter 18. Giving along deoth. | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| 2 w 2 de | odmission) STATE Md. 13b. COUNTY Harford Whiteford YES NO Pylesville | Rd. |
| 24 hours o in Item 18. r's Office al es Land 2 w rs after de | 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle | Last |
| 24 in li li li s s l s l s l s l s l s l s l s l s l s l s s | | ghes |
| s certificate should be executed within 24 e, writing the word "pending" in pencil in forworded to the Chief Medicol Examiner's used as a buriol-transit permit. File pages emoval, and in ony event within 72 hours | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year 10a ar unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Year 10a ar unknown) (If yes give war or dates of service) 215-07-8921 Mrs. J. Walter Baldwin Whitef | |
| with per xan xan 72 | The state of the s | |
| be executed "pending" in ief Medicol E insit permit. F event within | 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: GSW T.oft. Chost | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ding ding edic edic | IMMEDIATE CAUSE (a) SOURCE TO STIESS | |
| pen pen sf M sit p | OUE TO, OR AS A CONSEQUENCE OF | |
| d b d b chic Chic | rise ta immediate cause (a). (b) | |
| should be executed to word "pending" is to the Chief Medical burial-transit permit. | stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF | |
| This certificate should be executed cote, writing the word "pending" in be forworded to the Chief Medical I be used as a buriol-transit permit. For removal, and in ony event within | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) | |
| ficat ing ded as c l, ar | | |
| his certific ote, writin te forword be used a r removal, | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item | 20. AUTOPSY? |
| is c for for rem | WAS PERFORMED? | YES NOT |
| E _ P 0 | 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item | 1B.) |
| (AMINER: 1 te the certific pe 4 should by your files. age 3 should cremotion, ou | PRIMACE DOR CONTRIBUTING HOURA.M. Mar. 31,9,69 Shot self 21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street) 21f. IOCATION Street or R.F.D. No. (ity or Joyn) | |
| the 4 sh r fill mot | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building etc.) | Caunty State |
| ICAL EXAMINER: e execute the certitor. Poge 4 should ed for your files. iCTOR: Page 3 should burial, cremotion, | AT WORK AT WORK PYTESVILLE: Hd. Whiteford | Harford Mc |
| ICAL E exect for. Po ed for CTOR: burial, | 22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection 🔯 Inquiry 🐋 | and in my apinian |
| Se estrator ned FCT ECT but | death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Hamicide 🔲 , Undetermined manner 🗌 | |
| please direct retaine or to b | ACTUAL HOS OF PARTY CONTROL EXAMINER DO SON DAYS CO. | |
| Ssary, Francis of the price of | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG | |
| o DEPUTY SICAL EXAM necessary, please execute the funerol director. Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem | EXAMINER'S NAME (Type) Gerald C. Palmer M.D. DEPUTY MEDICAL EXAMINER April Apr | 1,1969 Md. |
| TO DEPUTY PLOSE necessary, please the funeral direct 5 may be retained TO FUNERAL DIREC Health prior to b | 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Ci | ounty) (State) |
| | | ford Md. |
| 1 | 24. FUNERAL DIRECTOR ADDRESS 25 PECD BY REGISTRAR SO GENERAL SO THE PROPERTY OF THE PROPERTY | |
| VR A15ME (5) 10M REV. 1/68 | JOHN H. HARKINS Delta, Penna. DATE 3 1969 | And . |
| 7 | | |



| | | | MAKTLA | NU STATE DEPARTMEN | II OF HEALIH | |
|---|---------------|---|---|----------------------------------|---|--|
| | | 03961 | DIVISION OF VITAL RECORD | 5, 301 W. PRESTON STREE | T, BALTIMORE, MARYLAND 21201 | 03955 |
| | | | | CERTIFICATE OF DE | EATH | |
| | | CEASED-NAME First ype or print) | Middle | Last | 20. DATE OF DEATH | 2b. HOUR |
| | | LUCI | | | IVIATCH 12 | Day 1969 69 M |
| | 3. SE | X | 4. RACE | 5. DATE OF BIRTH | look bilate () | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
| | | temale | White | March 26 | 5, 1883 85 YR | |
| | 7o. | | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | |
| | | INIG | U.S.A. | WIDOWED DIVORCED | 1 Hartord | Md. |
| 1 | 10. (| ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR | NSTITUTION (If nat in haspital | 12a. USUAL OCCUPATION (Kind of work dan | 12b. KIND OF BUSINESS OR INDUSTRY |
| 0 | | avre de Grace | MArtord IVI | em. Hosp | during mast of working life, even if retired Housewife | home |
| 0 | 13o. | USUAL RESIDENCE (Where deceose ssion) STATE A . 1 | d lived, if institution: Residence before | | INSIDE CITY LIMITS? 13e. STREET AND NUMBER | () (|
| / | | Mo | HALLOLD | LOGDOH | S NO 18 18 191 | IA. Kd. |
| 1 | 14. 1 | ATHER'S NAME First | Middle Last | 1s. MOTHER'S MAIDE | | Lost |
| | | Thoma | 4 44 4 | | Unknown | |
| | | WAS DECEASED EVER IN U.S. ARM es, na, ar unknown) (If yes give wo | ED FORCES? 16b. SOCIAL SECURIT | | Address | Joppa, Md. |
| i | | no | none | | Fitez, 118 Philade | Inhia Road |
| | | CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | y one cause per line for (a), (b), and | 0.1 | 2. | BETWEEN ONSET AND DEATH |
| | | | TE CAUSE (a) | nie Card | iac de Compen | Jakai, 2-3 month |
| | | Conditions, if ony, which gave) | DUE TO, OR AS A CONSEQUENCE O | 6011 | V | |
| | | rise to immediate couse (a), | (b) ## | 3. (1.1) | • | 3-4 years |
| | | stating the underlying couse | DUE TO, OR AS A CONSEQUENCE O | F | | 0 |
| | | | CONTRIBUTION TO DE ATH BUT | MOY BELLATED TO THE TERMINAL DA | TELET OR COMPLY ON CHIEF AND A LANGE OF THE COMPLY OF THE | |
| | | PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO DEATH BUT | NOT KELATED TO THE TERMINAL DIS | SEASE OR CONDITION GIVEN IN PART 1(a) | |
| | TION | 190. DATE OF OPERATION 19b. C | ONDITION FOR WHICH OPERATION WAS | PERFORMED 1200, AUTOPSY | 200 IE VES WEDE SINDING | S CONSIDERED IN CERTIFYING |
| 1 | CERTIFICATION | TAGE OF OF EIGHT OF | SHOW TOK WHICH OF ENGINEER WAS | YES T | NO CAUSES OF DEATH? | 3 CONSIDERED IN CERTIFIING |
| ٦ | CERT | 21a. ACCIDENT WAS UNDERLYING | 3 21b. TIME OF INJURY | 21c. HOW INJURY OCCURR | A | 2 Itam 18 \ |
| | S. | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. Manth Day Ye | 1 | Contribution of injury in run 1 di run | 2, 110111 10.] |
| | MEDICAL | (If either, notify medical examinated and INJURY OCCURRED 21e. | | ACTORY.) 21f. LOCATION Street or | R.F.D. Na. City ar Town | County State |
| | | While Not while at wark of work | OFFICE BUILDING, ETC. |) | Kind to | Cooliny |
| ١ | | | s haspital) attended the deced | sed from 3 - 11 | 19 69 to 3-12 | 19 69 that (1) (we) last |
| | | | | | , 19 <u>69</u> , ta <u>3-12</u> , aur) apinian death accurred an the | date and haur and fram the |
| | | / | (I) (we) (did) (did nat) view th | e bady after death. | | |
| | | 22b. SIGNATURE | De de Color | ATTENDING | MED. STAFF | Rc. DATE SIGNED |
| | | 334 DHACICIANI, | atel -1006 | DEGREE PHYS. | DIRECTOR L PHYS. | 3/12/67 |
| | | 22d. PHYSICIAN'S NAME (Type) | 420 Cl 00 | 22e. ADDRESS | Havre do Grac | e and |
| | 220 | BURIAL, CREMATION, 23b. D | ATE 199 MAINT | F CEMETERY OR CREMATORY | 22d LOCATION (C:) /- To - 1 | (County) (County) |
| | 230. | DEMOVAL (Consider) | | | 23d. LOCATION (City or Town) Abingdon | (County) (State) Harford Md. |
| 1 | 24. | FUNERAL DIRECTOR | ADDRE | oury Memorial Co | | Harford Md. |
| | | Howard K. McCo | omas & Son, Abing | don, Md. | MAR 1 4 1969 | Y. Com |
| | | | | | | |

| | 72 | 02069 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 0.0. |
|--|-----------------|---|--|---|
| No. of Land | | 03962 | CERTIFICATE OF DEATH | 03956 |
| death. neral and 2 death. | (| ECEASED-NAME (Ype or print) | First, Wesley Walker. 20. DATE OF DEATH Month Day | Yeor 8 P M |
| within 24 hours after death. By filled in by the funeral aon papers, Pages 1 and 2 within 72 hours after death. | 3. SE | Make | 4. RACE 1. DATE OF BIRTH Sept 2/885 last birthdray) YRS. | FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN. |
| 24 hour | caus | BIRTHPLACE (State of foreig | WIDOWED DIVORCED HT ART | FORd. Md. |
| coeuted within 24 completely filled any corporation paper (1) yeard, within 72 | H | ANRE-ALT | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCURATION (Kind of work done dyring most of working life, even if refired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| completed ave care | adm | ission) STATE | deceased lived, if institutions residence before 135-117 OR JOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136. COUNTY CC 1 ORT PENOS YES NO DE STREET AND NUMBER 136. | PRI DEPOSIT |
| be execute n and cape se remane d in any eve | 14. 1 | FATHER'S NAME First | Middle Last IS. MOTHER'S MAIDEN NAME First Middle | Last |
| ertificate be physician c nen please aval, and ir | | (es, no, ar unknawn) (If y | S. ARMED FORCES? 217-07-0954 Sollian Marganery Sanita | Em hut |
| at the death cothe after | | PART I. DEATH WAS | DUE TO, OR AS A CONSEQUENCE OF (o), (b) (c), (b) (c) | APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH |
| 4: The law requires the or attending physician, the has been signed by use as the burial-traisalth priar ta burial, cre | CERTIFICATION | PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION | TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta | MEDICAL CERTIFI | 21a. ACCIDENT WAS UNDI ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical a | RELYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, 1 or Part 2, 1 or Part 2, 1 or Part 3, 1 or Part 3 | Item 18.) |
| G PHYSIC the hospi this certi detached te Dept. al | ME | 21d. INJURY OCCURRED While Nat while | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Town | County State |
| OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifica 3 shauld be detached fared with the State Dept. af He | | 22a. I certify that (I saw the deceos causes stated o | (this hospital) attended the deceased fram 3 - 1, 1969, ta 3 - 1, 1969, ta 3 - 1, 1969, and that in (my) (our) apinion death occurred on the dobave, (I) (we) (did) (did not) view the bady after death. | te ond hour ond from the |
| OR ATT be retain DIRECTO | | 22b. SIGNATURE | DEGREE ATTENDING MED. STAFF 3 | DATE SIGNED |
| O HOSPITAL Page 4 may O FUNERAL i director, pag shauld be fil | | 22d. PHYSICIAN'S NAME (Type) | TE U. MONAKIC, M.D. 241 D. Uman Are, H | wired Co. My |
| | 1 | BURIAL, CREMATION. REMOVAL (Specify) FUNEPAL DIRECTOR | 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY 23d. JOYATION (CITY or TOWN) 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY 23d. JOYATION (CITY or TOWN) 23c. DATE 23c. MAME OF CEMETERY OR CREMATORY 23d. JOYATION (CITY or TOWN) | (County) (State) |
| VR A15 13 | 24. | TUNEBAL DIRECTOR | ADDRESS 256. RECUBY REGISTRAP 36 1969 Sb. REGISTRAP'S NAME OF STREET STR | iles judge. |

MAKILAND STATE DEPARTMENT OF MEALIN



| | MARTLAND STATE DEPARTMENT OF HEALTH |
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| 11- | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| | 03964 CERTIFICATE OF DEATH 03958 |
| ± 2- ± | 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR |
| death. neral ond 2 death. | (Type or print) Martha EVA Wildason Month Doy Year 502M |
| | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS |
| within 24 hours after ely filled in by Durt oon popers, Pages within 72 hours after | remale White 1-10-1884 last birthday) MONTHS DAYS MOURS MIN |
| 9 5 5 | 76. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH |
| d in pers | Markie. Md. 4.5 H. WIDOWED DIVORCED Hartord Co., Md. |
| fille fille him | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR |
| ed within 24 h | Havre de Grace give street oddress), Citizen's Nsg. Home during most of working lite, even it retired.) House wife House wife |
| pald black | 130. USDAL KESIDENCE (Where deceosed lived, it institutions kesidence before 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13d. INSIDE |
| 5 5 3 3 | Harford Bel Air YES NOW 1104 Tollagte Rd. |
| nd sompli remove con n bray even | 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost |
| d in d | JAMES HENRY MillER- MARY EllEN BAKET |
| an an | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1800 3962 Address 12 = D 3. Rev 134 |
| e deoth certificate b attending physician permit. Then please an, or removal, and i | NO 215'34.0561 Hamission Record - Citizens Nog. Home) |
| ng I The | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| enth endi | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic Cardiac Decomposition. |
| affe an, | 4123 DUE TO, OR AS A CONSEQUENCE OF +1/ |
| the sit p | Conditions, if ony, which gove) |
| thot n. by 1 ans | rise to immediate couse (o). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF |
| OR ATTENDING PHYSICIAN: The low requires that the be retained by the hospital or attending physicion. SIRECTOR: After this certificate has been signed by the part of the state of the detached for use as the buriol-transit ped with the State Dept. of Health priar to buriol, cremotive | 10st. (1) Certerioschero tic Hart Disease. |
| phy phy sign buri | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |
| ing ing the to | |
| s be as t | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIALY 1216 HOW INITIALY INITIALY 1216 |
| The aff | YES NO CAUSES OF DEATH? |
| ate or u | |
| Paritie de la contraction de l | Great Contributing Cause of Death HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 |
| rhosp cer che pt. | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote |
| this this De | While Not while of work of work of work |
| ING by t ter tote tote | 22a. I certify that (I) (this haspital) attended the deceased from 2 - 11 1969, ta 2 - 14 1969, that (I) (we) last |
| ND NG P | saw the deceased alive an 3-13-6919 and that in (my) (aur) apinion death occurred on the dote and hour and fram the |
| So Si H | causes stated above, (1) (we) (did) (did not) view the bady after death. |
| RECI With With With William | 22b. SIGNATURE 22c. DATY SIGNED 22c. DATY SIGNED |
| be be bed lied | Survice 4, Michigal PI(), DEGREE PHYS. DIRECTOR PHYS. 15/14/CLG. |
| Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and sampletely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please vemove safety and in bay event within 72 hours after the state Dept. of Health priar to buriol, cremotian, or removal, and in bay event within 72 hours after the state Dept. of Health priar to buriol, cremotian, or removal, and in bay event within 72 hours after the state Dept. | 22d. PHYSICIAN'S NAME (Type) DANTE W. MONAICIC 22e. ADDRESS 211 D. Mmon Au. Havre & Grace, Md. |
| HO | 230. BURIAL CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) (Town A (County) 23d. 23d. 10CATION (City or Town) (Town A (County) 23d. 23d. 23d. 23d. 23d. 23d. 23d. 23d. |
| 00000 | - BEMOVAL (Specify) march 16,1969 mt. 2:00 MEth. Ch. CEm. Houstonis Green, Harrice Hd. |
| | 24. FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| VR A15 (4) 45M - 1/69 | Joseph william Foster W. Propland Ewilliams & DAMAR 17 1969 Clares DE Hir, Manyland 21014 DAMAR 17 1969 |
| | |

367 Martin Ave. 18 Ave. Ave. 18 Av THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. TRUDE TO BANK A THE TANK AND ADDRESS OF THE PARTY OF THE

| FOR STATE | | 1396 | PINISIG | | CAL EXAMINER' | The second secon | | | 201 | 05505 |
|--|---------------|----------------------------------|-----------------------------------|-----------------------------|------------------------------|--|----------------------|---------------------|-------------------------|--|
| HEALTH DEPT. | 1. DEC | EASED-NAME | | rst | Middle | Lost | | | KNOWN X Month | |
| S D S | (Tys | oe or Print) | Car | ro- | Lynn | Wise | a | I OF | MATED Mar | |
| P 3 + | 3. SEX | | 4. RACE | S. DATE OF BI | | | | HRS. Oc DATE | DECAMOUNICED DEAD | 2d. HOUR |
| y delay 2, and 3 PM3. Pg artment | 6110 | emale | Cau | | uary 169 last birth | dy) MONTHS DAY | S HOURS | MIN. Mont | Mar. Doy 2 | |
| PN PN Part | | THPLACE (Stote | | 76. CITIZEN OF W | | MARRIED NEVER | | G COUNTY OF D | Mar. 2. | 1 Yeor 19 691400M |
| De 3 - | country | 1 | | | AT COUNTRY? 8. | | IVORCED [] | 9. COUNTY OF D | rford | |
| h ges fai ate | | Mary | | | | _ | | | (Kind of work done | The Man or augustes on |
| within 24 hauts after death any delay pencity in Item 18. Give Pages 1, 2, and Examiner's Office along with farm PM3. File pages 1 and 2 with the State Department 72 haurs after death. | | APG | | give | street address Kirk A | rmy Hospit | tal | most of working | life, even if retired.) | 126. KIND OF BUSINESS OR INDUSTRY |
| offe dith | | SUAL RESIDENO hission) STATE | | osed lived, if instit | ution: Residence before 130 | | 13d. INSIDE CITY LIN | | ET AND NUMBER | |
| haurs afte Item 18. Gi Office alan I and 2 with | Oun | IISSIOII) STATE | Md. | 13b. COUNT | Harford | APG | YES NO | 2741 | . B August | a St. |
| hauts Item 1 Office and 2 | 14. FAT | HER'S NAME | First | Middl | e Lost | 15. MOTHER'S / | MAIDEN NAME | First | Middle | Lost |
| rs of ris | | D | mery | R. | Wise | | | Esther | M. | Snurr |
| hin 24 nich in pages pages haurs | 160. W/ | AS DECEASED EV | ER IN U.S. ARMED | | 16b. SOCIAL SECURITY NO. | 17. INFORMANT | 400.25 | A STOLE | | erdeen, Md. |
| within 2 mentily in pentily in the page: | (163 | no, or unknow | (if yes gr | ve war or dates of service) | | Emery R. | . Wise, | 2741 В. | Augusta | St., A.P.G., |
| 70 .= - | | 18. CAUSE OF | DEATH (Enter of | only one couse per | line for (o), (b), ond (c).) | | 301341 | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| should be executed ne ward "pending" in the Chief Medical Eburial-transit permit. Fin any event within | | PART I. D | EATH WAS CAUS | SED BY: | Probable S | t.rangul at. | ion Marl | ks and T | rauma on l | |
| exe ndir Me pe nt v | | 963 | 3 X | | AS A CONSEQUENCE OF | ar mierrorp | | <u> </u> | A CAMPINE ON | 10015 |
| be "pe lef nsit | | | ny, which gove | | | | | | | |
| ord Ch Ch ny | | | iote couse (o), derlying couse | | R AS A CONSEQUENCE OF | Med all ex- | | -14 | | |
| e should the ward ta the Cl 1 burial-tra | | ost. | acitying coose | 14 | | | | | | E VERNING TO |
| the s the d ta a bu | P | ART 2. OTHER S | IGNIFICANT CON | (2) LIBIRTION SMOITIGE | ING TO DEATH BUT NOT REL | ATED TO THE TERMINA | L DISEASE OR CO | NDITION GIVEN IN | J PART 1/o | |
| INER: This certificate should be executer e certificate, writing the ward "pending" shauld be farwarded to the Chief Medical files. 3 shauld be used as a burial-transit permitation, ar remaval, and in any event within | | | | CONTRACTOR CONTRACTOR | THE TO DEATH OUT HOT KEE | THE TEXTILITY | L DISERSE ON CO | ADMION ONEN II | TAKT I(O) | |
| vriti war ed ed | CERTIFICATION | 90. DATE OF O | PERATION | | 196. CONDITION FOR WHIC | - OPERATION | 7.79.00 | | | 20. AUTOPSY? |
| far far | FICA | | | | WAS PERFORMED? | | | | | YES TO NO TO |
| ER: This certificate, auld be faces. hauld be to ian, ar ren | E 2 | lo. EXTERNAL (| | 21b. TIME OF | INJURY Month, Doy, Yeor | 21c. HOW INJURY | OCCURRED (Ente | er noture of injury | in Port 1 or Port 2, I | |
| R: ould auld | ₹ F | RIMARY OF DEATH | CONTRIBUTING | HOUR A | .M. | 75 2 3 7 | | | with hos | |
| INE sha sha file 3 sh atic | Q3W 2 | CAUSE OF DEATH | | PLACE OF INJURY | At home, form, street, | 21f. LOCATION Stre | | <u> </u> | or Town | County State |
| th th | | WHILE AT WORK | | factory, office buildin | ng, etc.) | | | | | Harford Co., Mc |
| olcal Examiner: se execute the certicar. Page 4 shauld ned for yaur files. ECTOR: Page 3 shau i burial, crematian, | | | TORK LES | | | | _ | | | |
| AL exe r. P l fo ror | | | | | | | | | | and in my opinion |
| Se se se ined | | death res | sulfed fram: | Natural cau | ses , Accident [| , Suicide [| , Hamicide | Under | termined manner | |
| please I director retainer I DIREC | 1 | ACTUAL | 11.1 | | r on Federal | | | | | |
| ITY please eral direct be retaine RAL DIRECT priar to | | SIGNATURE | The | mas | France | | | AL EXAMINER | 22b. DATE | SIGNED |
| SSOT FUNE | | EXAMINER'S | Thomag | Fraher, | MD | | DEPUTY MEDICAL | | LHF. | 767 |
| no DEPUTY | | | | | | | | city, town, or cou | ** | |
| 10 T = 20 H | 230. | BURIAL, CREMAT REMOVAL (Speci | fu) | b. DATE | 23c. NAME OF CEM | ETERY OR CREMATORY | | 23d. LOCATION | | (County) (Stote) |
| Marie State | | Burial | 3 | /26/69 | Green Hi | 11 | | Waynesh | | klin Co. Penna |
| A | 24. F | Cennetr | RB. Ea | rp | ADDRESS | | | BY REGISTRAR | 25b. REGISTRAR'S | |
| VR A15ME (5) 10M REV. 1/68 | Tai | rring F | uneral | Home, Al | erdeen, Mary | land | DATE APP | 1 0 19 | 69 Jalian | rles Judge |

MARTLAND STATE DEPARTMENT OF HEALTH

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| | COUNTY AS A STATE OF | | lesser Long | |
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| in comments, the alexander in | | | 3/20/6 | faller a |
| washing the street of the | | arr tool are. | | |